

**NATIONAL SURVEY OF  
COUNSELING CENTER DIRECTORS  
1996**

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**INTERNATIONAL ASSOCIATION OF COUNSELING SERVICES, INC.**

**Copies of this monograph may be ordered directly from the International Association of Counseling Services, 101 South Whiting Street, Suite 211, Alexandria, VA 22304. The cost of the monograph is \$10. All orders must include payment.**

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**SERIES NUMBER 8F**

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An Accrediting Association**

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# **IACS MONOGRAPH SERIES**

**The publisher of this monograph is the International Association of Counseling Services (IACS).**

**As the accrediting agency for counseling centers in a wide variety of settings, the primary objective for the Association is the maintenance of quality service delivery. The basic purposes of the Association are to encourage and aid counseling centers and agencies to meet high professional standards, to inform the public about those that are competent and reliable, and to foster communication among the centers and agencies.**

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**Steve Sena, Series Editor**

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## **OVERVIEW**

The National Survey of Counseling Center Directors has been conducted since 1981 and includes data provided by the administrative heads of college and university counseling centers in the United States and Canada. It began as a project of the Urban Task Force of the Association of University College Counseling Center Directors, and is now a joint endeavor of AAUCD and the International Association of Counseling Services.

The survey attempts to stay abreast of current trends in counseling centers and to provide counseling center directors with ready access to the opinions and solutions of colleagues to problems and challenges in the field. The areas addressed cover a range of concerns including budget trends, current concerns, innovative programming, and a number of other administrative, ethical, and clinical issues.

The total data is shown separately followed by data broken down by institution size. Responses to certain items are coded, allowing opportunity for directors to contact colleges for further information on programs or initiatives that they have undertaken. A directory of all participants is provided to assist with these networking opportunities.

The 1996 survey includes data provided by directors from 338 counseling centers, representing institutions from 46 states and 6 provinces.

## SURVEY HIGHLIGHTS 1996

N = 338

The following highlights are based on total data only. Please note that more complete data and additional comments are provided with the data summary.

- Compared with last year's survey, Female Directors are up 3%, African American directors are up 2.5%, Native American Directors are up 2.1% and White/Caucasian Directors are down 6.4%.
- There appears to be a significant increase in the number of centers charging for services in the past year. Centers charging for personal counseling to students (17.2%), personal counseling to faculty/staff (6.83%), and career counseling to students (9.23) has almost doubled. (Item 1)
- Centers collecting third party payments, however, have decreased from 7.23% to 4.7%. (Item 2)
- 37% of Centers are supported by a mandatory fee (up 9% since 1995). (Item 3)
- 111 Centers reported taking a budget cut in 1996. These budget cuts had the greatest impact in the areas of reduced staff (49.5%) and reducing the "other costs" budget (72.9%). (Item 4 & 5)
- 14.5% of Centers stated that budget cuts resulted in reductions in programming for special issues such as multiculturalism, women, and minorities. (Item 6)
- The mean amount of travel money made available for Directors is \$1,015; for Training Directors, \$782, for Assistant Directors, \$692, for Professional Counselors, \$605, and for secretarial staff, \$255. (Item 7)
- 26% of institutions are considering a reorganization of the Counseling Center (up 4.4% from 1995). (Item 10)
- 9.2% of Directors feel that there is a real possibility of outsourcing on their campus (up 3% since last year). (Item 11)
- 22.8% of Centers had records subpoenaed in the past year (down 5.2% since 1995). See Appendix E for subpoena examples. In 72.7% of these cases, it was necessary for the Center to comply with the subpoena. (Items 12 & 13)
- 29.9% of Centers have a policy on what should/should not be included in case notes in the event they are subpoenaed. For a partial list of Centers willing to share these policies, see Item 17 in the totals section. (Item 17)
- 6 Centers had suits against them in the past year compared to only one suit in 1993. (Item 18)
- 19 (5.6%) Directors had to discipline or terminate a counselor or intern in the past year due to unethical practice (a 3% increase from 1994). (Item 19)
- 30.4% of Centers have gained a new staff position (down 8.6% from 1994) and 26.6% lost a staff member without a replacement (up 7.3% from 1995). Centers lost more professional positions than they gained but showed an increase in graduate assistant and intern positions. (Items 21 & 22)
- 35.8% of Centers hire part time counselors during the year and 22.5% report an increase in this practice over the past five years. (Items 23 & 24)
- Average salary information for different professionals including breakdowns for length of employment are available in items 25 and 26. The 2:1 female to male ratio for hires has continued now for the fourth straight year.
- 11.5% of Centers give one half day per week or more for consultation. 22.5% allow counselors office space for after hours private practice (down 2.7% since 1995). Most counselors pay no fee for after hour office use. (Items 27 and 42)

- 56.8% of schools provide psychiatric services on campus. Centers report an average of 17.8 psychiatric consultation hours available on campus per week. (Item 28 & 29)
- 23.4% of Centers require students receiving medication from an on-campus psychiatrist to be followed in the Counseling Center for psychotherapy. Students obtain prescriptions from these campus sources; psychiatrist (52.4%), MD/non-psychiatrist (43.5%), and Nurse Practitioners (10.4%) (Item 30 & 31)
- The average ratio of mental health professionals to FTE students is 1 to 1598. This ratio varies by school size. (Item 32)
- 54.7% of schools provide career counseling in a separate career development or placement office. 29% of schools provide career counseling in the Counseling Center. 11.8% of Directors report that career counseling has been moved out of the Counseling Center and 3.8% report that it has been moved into the Counseling Center. (Items 33 & 34)
- 29% of Centers contract with staff on how they spend their time (down 15.2% from 1995). (Item 36)
- 49.1% of Centers limit the number of counseling sessions allowed a client (down 5.3%). Of those who limit sessions, the average number of sessions was 5.2, and for Centers that do not, the average number of sessions was 5.3. (Items 36)
- The average number of client sessions/week that is considered a full caseload for a counselor who does only counseling is 24.9. Counselors spend an average of 24 hours per week on counseling during their busy season. (Items 38 & 39)
- Staff devote an average of 64.3% of their time to personal counseling, 15.3% to career counseling, 12.5% to academic issues and 26.6% to other areas such as C&O, training, and supervision. (Item 40)
- Centers reported utilizing computers for the following: scheduling (27.2%), billing (7.1%), maintaining client case notes (33.1%), programs to produce clinicians caseload and turnover (18.3%), databases on services/activities (71.6%), Email (85.8%), and on-line services (55.6%). (Item 43)
- Centers report using Internet/on-line services for the following: consults (28.4%), downloading articles (45.3%), electronic support groups (15.4%), on-line counseling (1.8%), and a Counseling Center home page (34.6%). (Item 44)
- Centers report the following major concerns: increase in students with severe psychological problems (75.4), growing demand for services with no increase in resources (63.3%), finding better referral sources for students who need long-term help (62.4%), responding to the needs of learning disabled students (53.6%), and an increase in crisis counseling (43.5%). The data continues to maintain the decrease in concern about waiting list problems and sexual assault cases that has been the trend since 1993. (Item 45)
- 52.7% of Directors believe that students with psychological disabilities should be accommodated under ADA by a case management approach. 21.6% felt that providing this accommodation was too heavy a burden on colleges and universities and only 13.3% said it was reasonable to provide ongoing weekly therapy for students with psychological disabilities. (Item 46)
- 60.1% of schools have a Learning Disabilities Specialist on campus. Of those who have this position, only 16.7% report to the Counseling Center. (Items 47 & 48)
- 74% of Centers provide on call services for students. Participants in the service include: Center staff (68%), Center interns (18.6%), and other Student Affairs professionals (18.9%). On call participants are contacted by beeper (38.2%), or a rotating on call list (35.5%). (Item 49)
- 51.4% of Centers consider after hours work a part of the counselor's job with no extra compensation (down 22.8% since 1993). 27.2% provide release time as compensation for after hours work. (Item 50)



- 66.9% of Centers participate with other campus offices or departments in a crisis intervention team (up 9.2% since 1993). 92.9% of Centers who participate in this service report that it has been a positive experience. Centers share the following information with the crisis team without a release: client is, or is not, a suicidal risk (44.4%), and whether or not the client presents a danger to someone else (47.9%). (Items 51 & 52)
- 53.3% of schools have someone on campus assigned to coordinate services for students who have been sexually assaulted. For 78.3% of Centers this responsibility is assigned as an additional job to someone with other duties and for 20.5% it is a full time responsibility for one or more persons. (Item 53)
- 49.4% of Centers saw obsessive pursuit cases last year (315 cases in all). 8 persons were killed by an obsessive pursuer and 22 persons were injured this year. See Appendix F for examples. (Items 54 & 55)
- 83.1% of Centers had to hospitalize a student for psychological reasons in the past year (up 2.1% from the previous 3 years). Information is provided on when Directors would notify parents. (Item 57 & 58)
- 27.5% of schools had a student suicide last year (down 13.5% from 1995), 10.7% of Centers had a client suicide (no change from last year) with 4 Centers reporting legal action against them. (Items 59, 60, & 61)
- 48.8% of Centers notified a third party about a potentially suicidal student last year (down 6.2% from 1995). (Item 63)
- Information about who Directors notify when a student is a suicidal risk or is hospitalized is listed in items 64 and 65.
- 17.8% of Centers had to give Tarrasoff type warnings in the past year (down 3.2% from 1995). (Item 66)
- 53.3% of Directors noticed an increase in violent incidents involving students over the past five years. (Item 67)
- 60.1% of Centers have policies on dealing with potentially suicidal students, 46.4% have policies for the kinds of problems appropriate to be seen at the counseling center, 45.3% have policies for handling sexual assault cases, 44.1% have policies for dealing with potentially violent students, 37.6% have policies for having an emotionally disturbed student removed from residence halls, and 36.7% have policies about having a psychotic student hospitalized. (Item 68)
- 82.2% of Centers have seen students in the past year due to sexual exploitation by another student (down 2.3% from 1993), 61.2% by a faculty member (down 5.6% from 1993), and 15.1% from another therapist (down 3.2% from 1993). (Item 69)
- 6.5% of Center clientele were seen for eating disorders in the past year (no change from 1993). (Item 74)
- 34.3% of Centers have seen one or more HIV positive clients within the past year (down 8.7% from 1995). 5.9% of Directors felt that they had HIV clients who posed a potential risk to a third party (down 11.1% from 1995), and of these, only one director found it necessary to warn a third party. (Item 75 & 76)
- 50.9% of Directors would take no further action if an HIV positive client states that he/she has not informed her partner of the health situation, 28% would inform partner. (Item 77)
- 34.9% of Directors reported being opposed to a mandatory reporting law regarding therapist-client sex. 32.5% stated that their feelings about this law were ambivalent and 24% were in favor of the law. (Item 79)
- Centers are taking the following actions to prepare for managed care: increased emphasis on short term counseling (56.8%), increased emphasis on consultation and outreach to campus and community (55.6%), more detailed documentation of treatment progress (26.9%), increased emphasis on quality assurance (26%) and using DSM coding on almost all clients (21.3%). (Item 80)
- 85.5% of Centers offer group counseling and 46.2% of Centers report that filling personal growth groups has been more difficult in recent years. (Items 81 & 82)

- 79.9% of Directors believe that considering the resources involved that groups are still worth doing because they are so effective. (Item 83)
- The most common degrees held by Center Directors include: Doctorates in Counseling Psychology (37.6%), Clinical Psychology (22.8%), and Counseling/Counselor Ed (13.6%). See item 86 for a list of degrees held by Directors.
- 16.6% of Centers have APA approved internship programs. These Centers devote an average of 32.4 hours per week of total staff time to the program and the Training Director devotes an average of 10.3 hours per week to the administration of the program. (Items 87, 88, & 89)
- 41.1% of Centers ask on an evaluation form if counseling has helped students to remain enrolled in an institution, and 51.7% of the students responded positively. 38.2% of Centers ask if counseling has helped with students academic performance and 60% of the students responded positively. (Items 90 & 91)
- 40.5% of Directors reported that their job is high stress, 52.1% reported that it is moderately stressful and only 6.2% reported that it is a low stress job. 59.8% of Directors find their job more stressful now then 5 years ago. (Item 92)
- 45.9% of Directors held staff psychologist positions before becoming Directors, 13.6% were Associate Directors and 8.9% were Assistant Directors before becoming Director. 50.2% of previous Directors went into private practice after leaving the directorship (the most common response). For a listing of previous positions and post-Directorship positions see items 95 and 96.
- 12.7% of Centers have established career ladders in their Centers. (Item 98)
- 10.7% of Directors report to the Student Health Service Director and 9.8% of Centers have the Student Health Service report to them. (Items 99 & 101)
- 11.5% of Centers have successfully dismissed a counselor in the past 5 years due to poor performance, 3% of these dismissals led to official grievances. 3.3% of Centers have been unsuccessful in attempts to dismiss a counselor in the past 5 years and 5.3% of Centers have utilized a peer review team to evaluate the performance of a staff member whose work is below standards. (Items 102, 103, 104, & 105)
- 53% of Centers have taken initiatives in the past year to build community within Student Affairs. (Item 106)
- For the types of usage different populations of students make of Counseling Center services relative to their percentage on campus, see Item 107.
- 42.9% of Centers accept mandated referrals for assessment and counseling, 41.7% accept referrals for assessment only and 13.9% accept no mandated referrals (down 3.1% since 1995). 21% of Centers have noticed an increase in the number of mandated referrals. (Item 109)
- The most common reasons Centers accept mandated referrals include: disruptive behavior (67.5%), drug and alcohol violations (66.3%), expression of suicidal intention (50.6%), severe depression (29.6%), and sexual assault (27.5%). For a list of other types of mandated referrals, see Item 110.
- 59.8% of Directors dislike mandatory referrals, but feel that some students can be helped through the process, 25.1% are opposed to mandatory counseling, and 13% are very much in favor of providing this service. (Item 111)
- Regarding mandatory referrals, 56.5% of Centers provide confirmation of the initial visit to the mandator, 29.6% will confirm that the student has complied with the recommendation for treatment, 8.6% will provide a statement of progress, and 6.8% provide no information at all. (Item 113)
- 50% of Centers report that they are moderately to very successful with mandated referral cases. 27.2% report mild success and only 4.7% report being unsuccessful with mandated referrals. (Item 114)

**1996 DIRECTORS' SURVEY SUMMARY DATA**  
**Raw data reported outside brackets (frequency data inside)**

NOTE ON INTERPRETING THIS SUMMARY: There is missing data for nearly every question in this year's survey: most Directors skip a question or two. The result is that percentages may not add up to 100 for some questions. Please assume that the differences indicate missing data, or "no response" to a question. Numbers correspond to questions on survey, those that have been omitted are highlighted in comments. Thank you!

**DEMOGRAPHIC INFORMATION**

<b>Directors' Gender</b>		
Male	184	(54.4%)
Female	151	(44.7%)

<b>Directors' Racial/Ethnic Identification</b>		
African American	20	(5.9%)
Asian American	2	(0.6%)
Hispanic American	7	(2.1%)
Native American	7	(2.1%)
White/Caucasian	291	(86.1%)
Other	5	(1.5%)
No response	6	(1.8%)

**TOTAL**  
(N=338)

**COMMENTS**

- |   |  |
|---|--|
| <p>1. Centers that charge fees for the following services:</p> <p>a) Personal counseling to students 58 (17.2%)</p> <p>b) Personal counseling to faculty/staff 23 (6.8%)</p> <p>c) Personal counseling to alumni 9 (2.7%)</p> <p>d) Personal counseling to community 9 (2.7%)</p> <p>e) Career counseling to students 31 (9.2%)</p> <p>f) Career counseling to faculty/staff 20 (5.9%)</p> <p>g) Career counseling to alumni 35 (10.4%)</p> <p>h) Career counseling to community 26 (7.7%)</p> <p>i) Career testing to students 87 (25.7%)</p> <p>j) Career testing to faculty/staff 52 (15.4%)</p> <p>k) Career testing to alumni 60 (17.8%)</p> <p>l) Career testing to community 51 (15.1%)</p> <p>m) Personality testing to students 75 (22.2%)</p> <p>n) Personality testing to faculty/staff 34 (10.1%)</p> <p>o) Personality testing to alumni 23 (6.8%)</p> <p>p) Personality testing to community 24 (7.1%)</p> <p>2. Centers which collect third party payments for personal counseling: 16 (4.7%)</p> <p>3. Centers that are supported by a mandatory fee: 125 (37.0%)</p> <p>4. Centers that took a budget cut in 1995-1996: 111 (32.8%)</p> <p>5. How these budget cuts affected the 111 Centers that responded to #4: (Directors checked all responses that applied):</p> <p>a) Reduction in salaries 9 (8.0%)</p> <p>b) Reduced staff 55 (49.5%)</p> <p>c) Reduction in interns/grad assistants 11 (9.9%)</p> <p>d) Reduced "other costs" budget 81 (72.9%)</p> <p>e) Reduction in professional development funds 40 (36.0%)</p> <p>6. Centers where budget cuts resulted in reductions in programming for special issues (multiculturalism, women, minorities): 49 (14.5%)</p> <p>7. Professional development money available for the following staff members:</p> <p>a) Director 305 (90.2%)</p> <p>b) Training Director 117 (34.6%)</p> <p>c) Assistant Director/Program Coordinator 134 (39.6%)</p> <p>d) Professional Counselors 280 (82.8%)</p> <p>e) Secretarial Staff 165 (48.8%)</p> <p>8. Centers where its necessary to make a presentation at a conference or serve on a committee to receive travel money:</p> <p>a) Director 25 (7.4%)</p> <p>b) Counseling staff 33 (9.8%)</p> <p>9. How travel money is divided:</p> <p>a) Available travel money is divided equally 126 (37.3%)</p> <p>b) Director makes decision based on merit of request 144 (42.6%)</p> <p>c) Travel money is tied to money generated by staff 2 (0.6%)</p> | <p><b>Income Generated</b></p> <p><math>\bar{x}</math>=\$15,814 Range 30 to 65,500 (% has doubled)</p> <p><math>\bar{x}</math>=\$21,983 Range 100 to 150,000 (up 3.1%)</p> <p><math>\bar{x}</math>=\$3,790 Range 500 to 10,000</p> <p><math>\bar{x}</math>=\$12,874 Range 500 to 40,000</p> <p><math>\bar{x}</math>=\$3,093 Range 750 to 10,000 (up 4.5%)</p> <p><math>\bar{x}</math>=\$1,308 Range 150 to 5,000</p> <p><math>\bar{x}</math>=\$1,738 Range 150 to 12,000</p> <p><math>\bar{x}</math>=\$1,065 Range 100 to 5,000</p> <p><math>\bar{x}</math>=\$2,109 Range 25 to 27,000 (up 6.7%)</p> <p><math>\bar{x}</math>=\$964 Range 50 to 5,000 (up 4.2%)</p> <p><math>\bar{x}</math>=\$2,053 Range 20 to 27,000</p> <p><math>\bar{x}</math>=\$2,175 Range 50 to 27,000</p> <p><math>\bar{x}</math>=\$1,100 Range 40 to 5,000 (up 6.6%)</p> <p><math>\bar{x}</math>=\$780 Range 50 to 2,000</p> <p><math>\bar{x}</math>=\$639 Range 50 to 2,000</p> <p><math>\bar{x}</math>=\$674 Range 50 to 2,000</p> <p>Up 9.0% from 1995</p> <p>13 Directors stated that their Vice President/Dean makes this decision.</p> |
|---|--|

	TOTAL (N = 338)		Comments
10. Institutions considering the following: (Directors checked all responses that applied)			Institutions considering reorganizing the Counseling Center are up 4.4%. The consideration of outsourcing/privatizing is up 3.9% from 1995, and 8.9% since 1994.
a) Downsizing Student Affairs	88	(26.0%)	
b) Reorganizing Student Affairs	185	(54.7%)	
c) Downsizing the Counseling Center	43	(12.7%)	
d) Reorganizing the Counseling Center	81	(24.0%)	
e) Outsourcing/Privatizing the Counseling Center	65	(19.2%)	
11. Directors that feel there is a real possibility that outsourcing/privatization may happen on their campus:	31	(9.2%)	9 Centers in 1994 and 20 in 1995 felt that outsourcing/privatization was a real threat. This has climbed to 31 in 1996, a significant increase.
12. Centers that have had records or counselors subpoenaed in the past year:	77	(22.8%)	Reasons for requests included: personal injury(9), sexual assault(9), sexual abuse(5), custody cases(5), divorce proceedings(4), sexual harassment(4), disability(3). See Appendix E for examples.
13. Centers where it was necessary to comply with the subpoena:	56	(72.7%)	Percentages for questions 13 & 14 are based on the 77 respondents for question 12.
14. Subpoenaed records were used:			
a) in support of a claim by Center client	55	(71.4%)	
b) against a client	27	(35.0%)	
15. Counselors who had to appear in court:	12	(3.6%)	
17. Centers that have a policy on what should be included in case notes:	101	(29.9%)	Some Centers willing to share their policies include: #8; #25; #48; #76; #118; #149; #193; #241; #297; & #318.
18. Centers that have had suits against them in the past year:	6	(1.8%)	Suits included: discrimination, dismissal of a work study student, and suing a center for not meeting the needs of a learning disabled student.
19. Directors who have had to discipline or terminate a counselor or intern in the past year due to unethical practices:	19	(5.6%)	Reasons for counselor discipline/termination include: dual relationships(7), confidentiality issues(3), incomplete case notes (3).
20. Centers that have experienced other legal/ethical dilemmas in the past year:	93	(27.5%)	For descriptions of dilemmas see Appendix A.
21. Centers that have gained new staff positions in the past year:			
a) Professional	42	(12.4%)	
b) Clerical	18	(5.3%)	
c) Graduate student assistant or 1/2 time intern	28	(8.3%)	
d) Intern (full time)	15	(4.4%)	
22. Centers that have lost a staff position in the past year (not replaced)			Centers lost more professional positions than they gained, but found an increase in graduate assistants and interns.
a) Professional	52	(15.4%)	
b) Clerical	19	(5.6%)	
c) Graduate student assistant or 1/2 time intern	15	(4.4%)	
d) Intern (full time)	4	(1.2%)	
23. Centers that hire part-time counselors during the year:	121	(35.8%)	
24. Centers that have seen an increase in hiring these part-time employees over the past five years than previously.	76	(22.5%)	This shows a 4.1% increase since 1994.
25. Average salaries for professional staff hired in the past year:			

	Minority Male	Minority Female	Caucasian Male	Caucasian Female
a) Director	58,000 n=1	N/A	57,500 n=14	52,000 n=10
b) Training Director	N/A	42,000 n=1	48,000 n=3	44,400 n=4
c) Assistant or Associate Director	N/A	46,500 n=2	39,500 n=2	38,000 n=3
d) Counselor with Ph.D. and experience	58,000 n=2	43,000 n=12	40,900 n=9	42,000 n=13
e) Counselor with new doctorate	38,000 n=4	36,000 n=7	34,000 n=6	34,000 n=24
f) Counselor with A.B.D.	40,000 n=3	30,000 n=1	35,000 n=5	31,000 n=10
g) Counselor with MA and experience	39,000 n=2	35,000 n=4	31,100 n=7	31,000 n=19
h) Counselor with new M.A.	35,500 n=1	31,000 n=3	27,000 n=4	18,000 n=4
i) Counselor with MSW and experience	31,000 n=2	21,000 n=1	N/A	31,000 n=4
j) Counselor with new MSW	N/A	32,000 n=1	30,000 n=1	18,000 n=1
k) Counselor with BA	N/A	36,000 n=1	N/A	36,000 n=1
l) Psychiatrist/MD (annual salary)	N/A	N/A	90,000 n=1	87,000 n=2
m) Psychiatrist/MD (hourly rate)	N/A	165 n=1	70 n=3	110 n=2
n) Other	N/A	N/A	25,500 n=2	6,000 n=2

TOTAL  
(N = 338)

Comments

26. Average salary paid to professional staff according to number of years in the position (One representative salary reported per category when available):

	<u>4-6 years in position</u>	<u>9-11 years in position</u>	<u>15+ years in position</u>
a) Director	57,361; Range 17-62K(n=109)	58,974; Range 30-98K(n=66)	64,191; Range 35-95K(n=101)
b) Training Director	46,008; Range 30-91K(n=30)	52,151; Range 33-72K(n=13)	60,041; Range 45-78K(n=23)
c) Clinical Director	46,332; Range 29-66K(n=18)	50,899; Range 40-68K(n=9)	64,936; Range 58-72K(n=5)
d) Associate Director	44,592; Range 33-66K(n=16)	47,856; Range 39-60K(n=13)	55,779; Range 34-78K(n=14)
e) Assistant Director	39,171; Range 28-66K(n=23)	45,823; Range 33-56K(n=9)	52,830; Range 30-70K(n=12)
f) Counselor with Ph.D.	38,785; Range 22-57K(n=134)	46,354; Range 28-79K(n=64)	53,828; Range 25-96K(n=66)
g) Counselor with M.A./M.Ed.	31,183; Range 13-53K(n=88)	38,669; Range 25-58K(n=43)	45,134; Range 25-86K(n=49)
h) Counselor with M.S.W.	35,300; Range 17-64K(n=39)	38,222; Range 24-52K(n=20)	47,321; Range 32-60K(n=15)
i) Counselor who is A.B.D.	34,602; Range 30-44K(n=11)	42,500; Range 32-49K(n=4)	44,383; Range 30-60K(n=11)
j) Psychiatrist (annual salary)	85,573; Range 31-118K(n=11)	95,000; Range 78-107K(n=3)	85,092; Range 16-120L(n=8)
k) Psychiatrist (hourly consultation)	95; Range 42-170/hour (n=42)	98; Range 84-120/hour (n=6)	78; Range 32-115/hour (n=4)

27. Centers give counselors time off for consultation:

a) Half a day per week	32	(9.5%)
b) Full day per week	7	(2.1%)
c) Other	56	(16.6%)
d) No	235	(69.5%)

28. Schools which provide psychiatric services on campus

a) In Counseling Center only	83	(24.6%)
b) In Student Health Center only	55	(16.3%)
c) In both Counseling and Student Health Centers	21	(6.2%)
d) Other settings	33	(9.8%)
e) No psychiatric services	143	(42.3%)

29. Number of psychiatric consultation hours available per week:

$\bar{x}$ =17.8; Range .5 to 100 hours (n=161)

30. Centers that require students receiving medication from an on-campus psychiatrist be followed in the Counseling Center for psychotherapy:

79 (23.4%)

The majority seem to be willing to provide meds for students who are not in therapy or who are being seen elsewhere.

31. Center clients obtain prescriptions from these campus sources (Directors checked all that applied):

a) Psychiatrist	177	(52.4%)
b) MD, non-psychiatrist	147	(43.5%)
c) Nurse Practitioner	35	(10.4%)

32. Number of FTE mental health professionals which provide services to students on campus (includes all paid staff and interns at Centers and other service units on campus except for services provided by students in departmental clinics):

$\bar{x}$ =6.7 Range 1 to 32 (n=321) See next section for ratios according to school size.

Approximate ratio of mental health counselors to FTE students:

1 to 1598

33. Career counseling takes place in the following locations:

a) Primarily in the Counseling Center:	98	(29.0%)
b) Primarily in a separate career development, or placement office:	185	(54.7%)
c) Shared equally between a. and b.:	38	(11.2%)

30  
586  
12

34. Number of Centers in which career counseling has been moved out of the Counseling Center:

40 (11.8%)

Number of Centers in which career counseling has been moved into the Counseling Center:

13 (3.8%)

Number of Centers where such moves are being considered:

16 (4.7%)

35. Centers that contract with staff on how they spend their time:

98 (29.0%)

36. Centers which limit the number of counseling sessions allowed a client:

Yes	166	(49.1%)
No limit	168	(49.7%)

Av. # of sessions per client -  $\bar{x}$ =5.2; Range 1.5 to 20  
Av. # of sessions per client -  $\bar{x}$ =5.3; Range 1.2 to 16

37. Average number of sessions per client in the past year:

$\bar{x}$ = 5.2; Range 1 to 20 (n=319)

38. Number of clients seen each week to be considered a full caseload for a counselor who does only counseling:

$\bar{x}$ =24.93; Range 12.5 to 38 (n=311)

	TOTAL (N = 338)	Comments
39. Average time counselors spent on direct service during busy season:	$\bar{x}$ =24.0; Range 5 to 36 (n=299)	
Percentage of work week:	$\bar{x}$ =64.4%; Range .75% to 100% (n=295)	
40. Average percentage of staff time devoted to:		
a) Personal counseling	$\bar{x}$ =64.3%; Range 10% to 100% (n=324)	
b) Career counseling	$\bar{x}$ =15.3%; Range 1% to 70% (n=179)	
c) Academic (student skills)	$\bar{x}$ =12.5%; Range 1% to 60% (n=168)	
d) Other	$\bar{x}$ =26.6%; Range 2% to 70% (n=184)	
41. Directors said the amount of staff time spent on the following activities is increasing, decreasing, or staying the same:		
	<u>Increasing</u>	<u>Decreasing</u> <u>Staying the same</u>
a) Individual personal counseling	131 (38.8%)	33 (9.8%)      167 (49.4%)
b) Group therapy	90 (26.6%)	79 (23.5%)      111 (32.8%)
c) Structured groups	80 (23.7%)	61 (18.0%)      145 (42.9%)
d) Individual career counseling	52 (15.4%)	47 (13.9%)      101 (29.9%)
e) Group career counseling	37 (10.9%)	25 (7.4%)      69 (20.4%)
f) Consultation/Outreach	186 (55.0%)	13 (3.8%)      124 (36.7%)
42. Centers that permit counselors to use offices for after hours private practice:	76 (22.5%)	This represents a 2.7% decrease since 1995.
Fees charged per hour for after hour office use:	$\bar{x}$ =\$5.00 (n=4)	Most counselors pay no fee for after hours office use.
43. Centers utilizing computers for the following functions:		
a) Scheduling	92 (27.2%)	
b) Billing	24 (7.1%)	
c) Maintaining client case notes	112 (33.1%)	
d) Program to output clinicians caseload and turnover	62 (18.3%)	
e) Database on services/activities	242 (71.6%)	
f) Electronic mail	290 (85.8%)	
g) On line services	188 (55.6%)	
44. Centers using Internet/on line services for the following:		
a) Consults	96 (28.4%)	
b) Downloading articles	153 (45.3%)	
c) Electronic support groups	52 (15.4%)	
d) On-line counseling	6 (1.8%)	
e) Counseling Center home page	117 (34.6%)	
45. Present concerns of Centers: (Directors checked all that applied)		
a) Waiting list problems	81 (24.0%)	
b) An increase in the number of students with severe psychological problems	255 (75.4%)	
c) An increase in sexual assault cases	86 (25.4%)	
d) An increase in crisis counseling	147 (43.5%)	
e) Pressure on the Center to do more about drug and alcohol abuse on campus	124 (36.7%)	
f) The need to find better referral sources for students who need long-term help	211 (62.4%)	
g) Referrals by outside agencies to your Center of clients needing long-term therapy	77 (22.8%)	
h) Responding to the needs of learning disabled students	181 (53.6%)	
i) A growing demand for services with no increase in resources or fewer resources	214 (63.3%)	
46. Due to ADA, the number of Center Directors that believe:		
a) It is reasonable to provide ongoing weekly therapy for students with psychological disabilities:	45 (13.3%)	13 Centers stated that reasonable services should be provided only if the Center has the resources. One center (the University of Arizona) provided a helpful response; "therapy per se is not an accommodation, it is treatment. Student is eligible for crisis intervention/brief therapy JUST AS ANY OTHER STUDENT. There's a critical issue here: accommodation vs. treatment in ADA."
b) Students with psychological disabilities should be accommodated by a case management approach:	178 (52.7%)	
c) Providing this accommodation is too heavy a burden on colleges and universities:	73 (21.6%)	
47. Centers that have a Learning Disabilities Specialist on campus:	203 (60.1%)	
48. Learning Disabilities Specialist reports to:		
a) Counseling Center	34 (16.7%)	
b) Learning Center	53 (26.1%)	
c) Disability Services Office	83 (40.8%)	
d) Other	45 (22.1%)	

	TOTAL (N = 338)		Comments
49. Centers providing on call services for students:	250	(74.0%)	
Participants in the service:			Others participating in on-call services: CMHC/ hospital(12), C.C. Director(6), Student Health(3), resident directors(3), Campus Police(2).
a) Center staff	230	(68.0%)	
b) Center interns	63	(18.6%)	
c) Center practicum students	7	(2.1%)	
d) Other Student Affairs professionals	64	(18.9%)	
On call participants are contacted by:			Other methods of contact include: phone/ (41), Campus Police(23), Residence Life(12), and crisis
a) Beeper	129	(38.2%)	
b) Rotating on-call list	120	(35.5%)	
50. Methods of counselor compensation for after hours work			13 Centers stated that counselors receive informal comp. or flex time.
a) Release time	92	(27.2%)	
b) Extra pay	6	(1.8%)	
c) Considered part of the job with no extra compensation	173	(51.2%)	
51. Centers involved with other campus offices or departments in a crisis intervention team:	226	(66.9%)	
Number of Centers for whom involvement in a crisis team has been a positive experience:	210	(92.9%)	
52. Centers shared the following types of information with crisis team members without a release:			
a) Client is or is not continuing in therapy	39	(11.5%)	
b) Client is responding well or not well to therapy	24	(7.1%)	
c) Client is or is not a suicidal risk	150	(44.4%)	
d) Client presents or does not present a danger to someone else	162	(47.9%)	
53. Centers with someone on campus assigned to coordinate services for those who have been sexually assaulted:	180	(53.3%)	
This responsibility has been assigned as:			
a) An add-on responsibility to someone with other duties	141	(78.3%)	
b) A full time responsibility for one or more persons	37	(20.5%)	
54. Centers with obsessive pursuit cases in the past year:	167	(49.4%)	Actual # of cases were 315 with 8 persons killed by an obsessive pursuer and 22 injured.
Comments: See Appendix F			
57. Centers that had to hospitalize a student for psychological reasons within the past year:	281	(83.1%)	A total of 1,431 students were hospitalized in the past year. The mean # per school was 5.7. One school hospitalized 80 students.
58. Directors who would notify parents against a student's wishes if the student is hospitalized for psychological reasons:			
a) Yes, but only if student is under age	121	(35.8%)	
b) Yes, but only if student is still being supported by parents, or requires parents' insurance coverage	42	(12.4%)	
c) Yes, in all cases	38	(11.2%)	
d) No	104	(30.8%)	
59. Campuses that had an enrolled <u>student</u> suicide in the 95-96 school year:	93	(27.5%)	131 students in total. $\bar{x}$ =1.68; Range 1 to 7
60. Centers that had a <u>client</u> suicide in the 95-96 school year:	36	(10.7%)	47 clients in total. $\bar{x}$ =1.34; Range 1 to 8
61. Centers that have had legal action taken against them following a client or former client suicide:	4	(1.2%)	Three were settled out of court, one judgment in favor of Center, and one case is still in progress.
63. Centers that have had to notify a third party about a potentially suicidal student during the past year:	165	(48.8%)	481 cases in all; $\bar{x}$ =3.4; Range 1 to 20.
64. Centers that notify the following without student permission when student is a suicidal risk:			
a) Residence Life	154	(45.6%)	
b) Family	142	(42.0%)	
c) Vice President	74	(21.9%)	
d) Other	118	(34.9%)	

	TOTAL (N = 338)		Comments
65. Centers that typically notify the following when a student is hospitalized:			
a) Residence Life Staff	107	(31.7%)	
b) Family	142	(42.0%)	
c) Vice President	110	(32.5%)	
d) Other	112	(33.1%)	
66. Centers that have had to give warning during the past year to a third party about a student who posed danger to another person:	60	(17.8%)	73 actual cases.
Centers notified:			
a) Campus Police	41	(68.3%)	
b) Potential victim	40	(66.6%)	
c) Other	16	(26.6%)	
67. Directors that have noted a difference in violent incidents involving students:			
a) Noticed an increase over last five years	180	(53.3%)	
b) Remained the same over last five years	140	(41.4%)	
c) Noticed decrease over last five years	6	(1.8%)	
68. Centers that have written statements or policies on the following:			
a) Having an emotionally disturbed student removed from the residence halls or school	127	(37.6%)	A list of school ID numbers for networking purposes: 9, 45, 72, 105, 114, 138, 166, 337 2, 43, 75, 124, 138, 169, 218, 312 5, 49, 73, 103, 155, 171, 219, 332 8, 44, 79, 113, 148, 173, 215, 313 13, 48, 69, 130, 168, 210, 314, 334 11, 53, 87, 101, 157, 185, 213, 333
b) Having a psychotic student hospitalized	124	(36.7%)	
c) Dealing with a potentially suicidal student	203	(60.1%)	
d) Dealing with a potentially violent student	149	(44.1%)	
e) Risks of counseling	96	(28.4%)	
f) Kinds of client problems appropriate to be seen at the Counseling Center	157	(46.4%)	
g) How to handle a sexual assault case	153	(45.3%)	
h) Returning a student who had left because of psychiatric problems, to classes or residence hall	116	(34.3%)	
For other policies see Appendix D			
69. Directors that know of students who have come to their Center in the past year because of sexual exploitation or harassment by:			
a) another therapist	51	(15.1%)	
b) faculty member or supervisor	207	(61.2%)	
c) another student	278	(82.2%)	
70. Centers that have thoroughly reviewed APA ethical guidelines for working with multicultural students:	44	(13.0%)	
72. Number of Centers where staff have received training in treating diverse ethnic groups:	258	(76.3%)	
73. Centers that provide inservice workshops pertaining to counseling diverse ethnic groups:	189	(55.9%)	
74. Percentage of Center clientele who were seen for eating disorders in the past year:	$\bar{x}$ =6.5%; Range 0% to 73% (n=209)		
75. Centers that have seen one or more HIV positive clients within the past year:	116	(34.3%)	
Number of HIV positive clients seen in the past year:	$\bar{x}$ =2.7; Range 1 to 20 (205 cases)		
76. Directors who felt that any of these HIV positive clients posed a risk to any third party:	20	(5.9%)	Only 1 Center found it necessary to give warning to a third party.
77. How Directors would generally handle it if an HIV positive client states that he/she has not informed his/her partner of the health situation:			
a) Would take no action	4	(1.2%)	Directors said they would respond to this issue in a number of other ways as well, including: consultation with colleagues(10), seeking legal counsel(9), and informing their Public Health Department
b) Would encourage disclosure but otherwise take no action	172	(50.9%)	
c) Would inform client that if he/she did not inform partner, that you would be ethically bound to do so	96	(28.4%)	
d) Other	42	(12.4%)	



	TOTAL (N = 338)		Comments
79. Directors feelings about mandatory reporting law regarding therapist/client sex:			
a) Opposed	118	(34.9%)	Directors from Colorado, New Mexico, and California report that therapist/client sex is a criminal offense. CA counselors are mandated to educate on this issue and to give clients a booklet, "Professional therapy never includes sex".
b) In favor	81	(24.0%)	
c) Ambivalent	110	(32.5%)	
80. Centers that are taking the following actions to prepare for managed care: (Directors checked all that applied)			
a) Using DSM coding on all/most clients	72	(21.3%)	
b) No longer counting client cancellations or no-shows as part of counselor contact hours	47	(13.9%)	
c) Requiring written treatment plans	69	(20.4%)	
d) Requiring more detailed documentation of treatment progress	91	(26.9%)	
e) Increased emphasis/training on quality assurance and utilization review methods	88	(26.0%)	
f) Increased emphasis on consultation/outreach to campus community	188	(55.6%)	
g) Increased emphasis/training on short-term counseling	192	(56.8%)	
h) Lobbying government officials and/or insurance companies on inclusion of Counseling Centers as preferred providers	14	(4.1%)	
i) Other	20	(5.9%)	
81. Number of Centers that offer group counseling:	289	(85.5%)	
82. Centers where filling personal growth groups has been more difficult:	156	(46.2%)	
83. Considering the resources involved, Directors believe that:			
a) Groups are still more cost efficient than individual counseling:	150	(44.4%)	
b) They are worth doing because they are so effective:	270	(79.9%)	
c) They promote training opportunities for interns:	114	(33.7%)	
84. For a list of professional development video tapes, see Appendix B			
85. For a list of innovative programs see Appendix C			
86. Highest degree held by Directors:			
a) Doctorate - Clinical Psychology	77	(22.8%)	Other degrees included: Humanities/Heurophilosophy, D.Min. Marriage and Family Counseling, and an MBA.
b) Masters - Clinical Psychology	3	(.9%)	
c) Doctorate - Counseling Psychology	127	(37.6%)	
d) Masters - Counseling Psychology	12	(3.6%)	
e) Doctorate - Counseling/Counselor Ed./MH.	46	(13.6%)	
f) Masters - Counseling/Counselor Ed./M.H.	30	(8.9%)	
g) Doctorate - Student Personnel	9	(2.7%)	
h) Masters - Student Personnel	4	(1.2%)	
i) MSW	6	(1.8%)	
j) MD	3	(.9%)	
k) Other	18	(5.3%)	
87. Number of Centers with an APA approved internship program:	56	(16.6%)	
88. Average number of hours per week devoted by the Training Director to the administration of the program:	$\bar{x}$ =11.0; Range 1 to 25 (n=54)		
89. Average number of hours of total staff time per week devoted to internship training program:	$\bar{x}$ =32.4; Range 1 to 90		The data for this question reflects 47 Directors who also responded yes to question # 87.
90. Centers that ask on an evaluation form if counseling has helped students to remain enrolled in an institution:	139	(41.1%)	$\bar{x}$ =51.7% of the students responded positively.
91. Centers that ask on evaluation forms if counseling has helped with students academic performance:	129	(38.2%)	$\bar{x}$ =60.0% of the students responded positively.
92. Directors who rated their job on a stress dimension said it is a:			
a) Relatively high stress job	137	(40.5%)	59.8% of Directors find the job more stressful now than 5 years ago.
b) Moderately stressful	176	(52.1%)	
c) Relatively low stress job	21	(6.2%)	
94. Length of time as a director:			
a) 0 - 5 years	120	(35.5%)	
b) 6 - 10 years	91	(26.9%)	
c) 11 - 15 years	55	(16.3%)	
d) 16 - 20 years	33	(9.7%)	
e) 21+ years	29	(8.6%)	

	TOTAL (N = 338)		Comments
95. Number of Directors who held the following positions before becoming Counseling Center Directors.			
a) Associate Director	46	(13.6%)	Other positions held include: private practice(10), faculty positions(9), positions at local MH centers(5), and doctoral intern positions(4).
b) Assistant Director	30	(8.9%)	
c) Training Director	14	(4.1%)	
d) Clinical Director	6	(1.8%)	
e) Staff Psychologist	155	(45.9%)	
f) Other	78	(23.1%)	
96. What previous Director did after leaving Directorship:			
a) Went back to staff position	36	(10.7%)	Others went to: positions at local CMHC(8), the business sector(7), deceased(6), faculty positions(3), and prison work(3).
b) Moved to another directorship	38	(11.2%)	
c) Moved to higher administrative position	39	(11.5%)	
d) Moved to faculty position	31	(9.2%)	
e) Retired	57	(16.9%)	
f) Went into private practice	170	(50.2%)	
97. Reason last professional staff member left Center:			
a) Dismissed	29	(8.6%)	Other reasons for leaving include: retired(34), family (13), going to positions at local CMHC(8), entering the business sector(7).
b) Left for equivalent position in another Center	32	(9.5%)	
c) Left for promotion at another Center	21	(6.2%)	
d) Went into private practice	65	(19.2%)	
e) Took an academic position	28	(8.3%)	
f) Took an administrative position	17	(5.0%)	
g) Left the field	17	(5.0%)	
h) Other	112	(33.1%)	
98. Centers that have established career ladders in their Center:	43	(12.7%)	Most have very limited ladders. Some have administrative ladders (Assistant Director, Associate Director), some rotate administrative positions, and some have a senior psychologist category and a variety of coordinating roles.
99. Directors who report to the Student Health Service Director:	36	(10.7%)	
101. Centers that have Student Health Service report to them:	33	(9.8%)	
102. Centers that have successfully dismissed a psychologist/counselor in the past five years due to poor performance:	39	(11.5%)	1 counselor filed with Affirmative Action Office and 3 filed suits.
Number of dismissals that led to an official grievance:	10	(25.6%)	
104. Centers that have been unsuccessful in attempts to dismiss a psychologist/counselor in the past five years:	11	(3.3%)	Reasons include lack of support from boss, or from Human Resources. Affirmative Action Office and the union also blocked 2 dismissals.
105. Centers that have utilized a peer review team to evaluate the performance of staff member whose work is below standards:	18	(5.3%)	
106. Centers that have taken initiatives in the past year to build community within their Center and/or Student Affairs:	179	(53.0%)	Large numbers of Centers utilized team building retreats bi-monthly lunches(13), increased outreach work(10), and collaborative programming.
107. Usage of Center by different student populations relative to their percentage on campus.			Next year, other groups will be included, such as: athletes, student leaders, Latino, Native Americans, etc..
	<u>Greater than</u>	<u>Equal to</u>	<u>Less than</u>
a) Men	4 (1.2%)	70 (20.7%)	241 (71.3%)
b) Women	246 (72.8%)	60 (17.8%)	9 (2.7%)
c) International Students	34 (10.1%)	130 (38.5%)	140 (41.4%)
d) Sexual Minorities	41 (12.2%)	117 (34.6%)	95 (28.1%)
e) African American Students	53 (15.7%)	136 (40.2%)	117 (34.6%)
108. Number of Directors who anticipate future changes in the way counseling services are provided:	159	(47.0%)	Changes included: greater use of technology(16) and brief therapy models(16), more outreach(13), more groups (10), more emphasis on retention services(5) & academic services(4), more responsibility within Student Affairs(4), and charging fees for services(4).
109. Centers that accept mandated referrals from a campus administrator or Judicial Board:			21.0% of Centers have noticed an increase in the number of mandated referrals.
a) for assessment and counseling	145	(42.9%)	
b) for assessment only (no mandatory counseling)	141	(41.7%)	
c) we accept no mandated referrals	47	(13.9%)	

	TOTAL (N = 338)		Comments
110. Reasons that mandated students are referred to Centers:			Other reasons mandated students are referred to Centers include: violence (11), academic performance (7), eating disorders (6), psychotic behavior (4), re-admittance after hospitalization (2), psychological and health reviews (2), and domestic violence (1).
a) drug and alcohol violations	224	(66.3%)	
b) disruptive behavior	228	(67.5%)	
c) sexual assault	93	(27.5%)	
d) severe depression	100	(29.6%)	
e) expression of suicidal intention	171	(50.6%)	
f) other	41	(12.1%)	
111. Directors personal feelings about mandated referrals for counseling:			
a) I'm very much in favor of providing this service	44	(13.0%)	
b) I'm not crazy about it, but believe that some students can be helped through the process	202	(59.8%)	
c) I am opposed to mandatory counseling	85	(25.1%)	
112. Centers that utilize the following policies regarding mandatory counseling:			
a) Student merely needs to show up to comply, once a counselor explains services student can choose to engage in counseling or not - this may, however, result in additional sanctions against the student	82	(24.3%)	
b) Same as (a) but no additional sanctions for not choosing to participate in counseling	81	(24.0%)	
c) Student must comply with certain number of counseling sessions established by judicial board and administration	23	(6.8%)	
d) Student must comply with certain number of counseling sessions determined by the counselor after an assessment has been made.	38	(11.2%)	
e) Student must continue in counseling until counselor determines enough counseling has occurred.	10	(3.0%)	
113. Types of information provided to the mandator for Centers that accept mandated students:			
a) Confirmation of initial visit	191	(56.5%)	
b) Confirmation that student has complied with recommendation for treatment	100	(29.6%)	
c) Statement of progress	29	(8.6%)	
d) No information is provided	23	(6.8%)	
114. Centers report their success with mandated referrals:			An excellent review of varying positions on mandatory referrals can be found in the <u>Journal of College Student Psychotherapy</u> 1995. Vol. 9, no.4,
a) Very successful	7	(2.1%)	
b) Successful	41	(12.1%)	
c) Moderately successful	121	(35.8%)	
d) Mildly successful	92	(27.2%)	
e) Not successful	16	(4.7%)	

**SUMMARY DATA BY SCHOOL SIZE**  
Raw data reported outside brackets (frequency data inside)

**SCHOOL SIZE**

	Under 2,500 (n=65)	2,500 - 7,500 (n=93)	7,500 - 15,000 (n=84)	Over 15,000 (n=93)
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1. Centers that charge fees for the following services:

a) Personal counseling to students	7	(10.8%)	11	(11.8%)	15	(17.9%)	25	(26.9%)
b) Personal counseling to faculty/staff	2	(3.1%)	6	(6.5%)	9	(10.7%)	6	(6.5%)
c) Personal counseling to alumni	1	(1.5%)	4	(4.3%)	2	(2.4%)	2	(2.2%)
d) Personal counseling to community	0	(0.0%)	3	(3.2%)	3	(3.6%)	3	(3.2%)
e) Career counseling to students	3	(4.6%)	6	(6.5%)	7	(8.3%)	15	(16.1%)
f) Career counseling to faculty/staff	2	(3.1%)	3	(3.2%)	7	(8.3%)	8	(8.6%)
g) Career counseling to alumni	3	(4.6%)	10	(10.8%)	9	(10.7%)	13	(14.0%)
h) Career counseling to community	0	(0.0%)	7	(7.5%)	9	(10.7%)	10	(10.8%)
i) Career testing to students	9	(13.8%)	14	(15.1%)	28	(33.3%)	36	(38.7%)
j) Career testing to faculty/staff	3	(4.6%)	10	(10.8%)	19	(22.6%)	20	(21.5%)
k) Career testing to alumni	6	(9.2%)	19	(20.4%)	17	(20.2%)	18	(19.4%)
l) Career testing to community	3	(4.6%)	14	(15.1%)	16	(19.0%)	18	(19.4%)
m) Personality testing to students	9	(13.8%)	15	(16.1%)	26	(31.0%)	25	(26.9%)
n) Personality testing to faculty/staff	2	(3.1%)	7	(7.5%)	15	(17.9%)	10	(10.8%)
o) Personality testing to alumni	2	(3.1%)	6	(6.5%)	9	(10.7%)	6	(6.5%)
p) Personality testing to community	2	(3.1%)	4	(4.3%)	9	(10.7%)	9	(9.7%)

2. Centers which collect third party payments for personal counseling:

2	(3.1%)	0	(0.0%)	4	(4.8%)	10	(10.8%)
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3. Centers that are supported by a mandatory fee:

19	(29.2%)	27	(29.0%)	34	(40.5%)	43	(46.2%)
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4. Centers that took a budget cut in 1995-1996:

20	(30.8%)	27	(29.0%)	25	(29.8%)	39	(41.9%)
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5. How these budget cuts affected the centers (Directors checked all responses that applied):

a) Reduction in salaries	4	(20.0%)	2	(7.0%)	2	(8.0%)	1	(2.5%)
b) Reduced staff	11	(55.0%)	11	(40.7%)	11	(44.0%)	22	(56.4%)
c) Reduction in interns/grad assistants	1	(5.0%)	1	(3.7%)	3	(12.0%)	6	(15.3%)
d) reduced "other costs" budget	16	(80.0%)	20	(74.0%)	17	(68.0%)	28	(71.7%)
e) Reduction in professional development funds	11	(55.0%)	10	(37.0%)	9	(36.0%)	10	(25.6%)

6. Centers where budget cuts resulted in reductions in programming for special issues (multiculturalism, women, minorities):

8	(12.3%)	15	(16.1%)	11	(13.1%)	15	(16.1%)
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7. Amount of professional development money available for the following staff members:

a) Director	$\bar{x}$ = \$1,071	$\bar{x}$ = \$941	$\bar{x}$ = \$943	$\bar{x}$ = \$1,149
b) Training Director	$\bar{x}$ = \$250	$\bar{x}$ = \$646	$\bar{x}$ = \$774	$\bar{x}$ = \$867
c) Assistant Director/Program Coordinator	$\bar{x}$ = \$620	$\bar{x}$ = \$787	$\bar{x}$ = \$649	$\bar{x}$ = \$692
d) Professional Counselors	$\bar{x}$ = \$688	$\bar{x}$ = \$629	$\bar{x}$ = \$570	$\bar{x}$ = \$583
e) Secretarial Staff	$\bar{x}$ = \$206	$\bar{x}$ = \$241	$\bar{x}$ = \$200	$\bar{x}$ = \$338

8. Centers where its necessary to make a presentation at a conference or serve on a committee to receive travel money:

a) Director	4	(6.2%)	4	(4.3%)	9	(10.7%)	7	(7.5%)
b) Counseling staff	5	(7.7%)	5	(5.4%)	10	(11.9%)	12	(12.9%)

9. How travel money is divided:

a) Available travel money is divided equally	17	(26.2%)	24	(25.8%)	45	(53.6%)	39	(41.9%)
b) Director makes decision based on merit of request	28	(43.1%)	48	(51.6%)	30	(35.7%)	37	(38.8%)
c) Travel money is tied to money generated by staff	0	(0.0%)	1	(1.1%)	0	(0.0%)	1	(1.1%)

10. Institutions considering the following: (Directors checked all responses that applied)

a) Downsizing Student Affairs	12	(18.5%)	33	(35.5%)	20	(23.8%)	23	(24.7%)
b) Reorganizing Student Affairs	23	(35.4%)	56	(60.2%)	54	(64.3%)	51	(54.8%)
c) Downsizing the Counseling Center	9	(13.8%)	14	(15.1%)	7	(8.3%)	13	(14.0%)
d) Reorganizing the Counseling Center	15	(23.1%)	21	(22.6%)	23	(27.4%)	22	(23.7%)
e) Outsourcing/Privatizing the Counseling Center	12	(18.5%)	22	(23.7%)	16	(19.0%)	15	(16.1%)

	Under 2,500 (n = 65)		2,500-7,500 (n = 93)		7,500-15,000 (n = 84)		Over 15,000 (n = 93)	
11. Directors that feel there is a real possibility that outsourcing/privatization may happen on their campus:	4	(6.2%)	10	(10.8%)	7	(8.3%)	10	(10.8%)
12. Centers that have had records or counselors subpoenaed in the past year:	7	(10.8%)	18	(19.4%)	18	(21.4%)	34	(36.6%)
13. Centers where it was necessary to comply with the subpoena:	5	(7.1%)	13	(72.2%)	12	(66.6%)	26	(76.4%)
14. Subpoenaed records were used:								
a) in support of a claim by Center client	4	(57.1%)	14	(77.7%)	16	(88.8%)	26	(76.4%)
b) against a client	4	(57.1%)	6	(33.3%)	8	(44.4%)	11	(32.3%)
15. Counselors who had to appear in court:	0	(0.0%)	4	(4.3%)	3	(3.6%)	5	(5.4%)
17. Centers with policies on what should be included in case notes:	16	(24.6%)	26	(28.0%)	26	(31.0%)	31	(33.3%)
18. Centers that have had suits against them in the past year:	0	(0.0%)	1	(1.1%)	1	(1.2%)	4	(4.3%)
19. Directors who have had to discipline or terminate a counselor or intern in the past year due to unethical practices:	3	(4.6%)	3	(3.2%)	7	(8.3%)	6	(6.5%)
20. Centers which have experienced other legal/ethical dilemmas in the past year:	21	(32.3%)	23	(24.7%)	22	(26.2%)	26	(28.0%)
21. Centers which have gained new staff positions in the past year:								
a) Professional	7	(10.8%)	10	(10.8%)	7	(8.3%)	18	(19.4%)
b) Clerical	2	(3.1%)	5	(5.4%)	5	(6.0%)	6	(6.5%)
c) Graduate student assistant or 1/2 time intern	6	(9.2%)	7	(7.5%)	10	(11.9%)	5	(5.4%)
d) Intern (full time)	2	(3.1%)	3	(3.2%)	3	(3.6%)	7	(7.5%)
22. Centers that have lost a staff position in the past year (not replaced)								
a) Professional	9	(13.8%)	14	(15.1%)	13	(15.5%)	16	(17.2%)
b) Clerical	2	(3.1%)	2	(2.2%)	6	(7.1%)	9	(9.7%)
c) Graduate student assistant or 1/2 time intern	1	(1.5%)	3	(3.2%)	2	(2.4%)	9	(9.7%)
d) Intern (full time)	0	(0.0%)	1	(1.1%)	1	(1.2%)	2	(2.2%)
23. Centers who hire part-time counselors during the year:	16	(24.6%)	33	(35.5%)	33	(39.3%)	39	(41.9%)
24. Centers that report an increase in hiring these part time employees over the past five years than previously:	11	(16.9%)	19	(20.4%)	23	(27.4%)	23	(24.7%)
25. & 26. Average salaries for professional staff are listed in the totals section.								
27. Centers where counselors are given time off for consultation:								
a) Half a day per week	3	(4.6%)	7	(7.5%)	7	(8.3%)	15	(16.1%)
b) Full day per week	0	(0.0%)	1	(1.1%)	4	(4.8%)	2	(2.2%)
c) Other	16	(24.6%)	13	(14.0%)	14	(16.7%)	11	(11.8%)
d) No	45	(69.2%)	72	(77.4%)	55	(65.5%)	62	(66.7%)
28. Schools which provide psychiatric services on campus								
a) In Counseling Center only	13	(20.0%)	20	(21.5%)	23	(27.4%)	25	(26.9%)
b) In Student Health Center only	1	(1.5%)	5	(5.4%)	16	(19.0%)	33	(35.5%)
c) In both Counseling and Student Health Centers	2	(3.1%)	1	(1.1%)	7	(8.3%)	11	(11.8%)
d) Other settings	4	(6.2%)	13	(14.0%)	5	(6.0%)	10	(10.8%)
e) No psychiatric services	45	(69.2%)	52	(55.9%)	32	(38.1%)	14	(15.1%)
29. Number of psychiatric consultation hours available per week:	$\bar{x}$ = 4.7 Range .75 to .25		$\bar{x}$ = 6.5 Range .50 to 40		$\bar{x}$ = 11.6 Range .50 to 80		$\bar{x}$ = 1.02 Range .01-100	
30. Centers that require students receiving medication from an on-campus psychiatrist be followed by the Counseling Center for psychotherapy:	7	(10.8%)	19	(20.4%)	27	(32.1%)	24	(25.8%)
31. Center clients obtain prescriptions from these campus sources (directors checked all that applied):								
a) Psychiatrist	18	(27.7%)	35	(37.6%)	48	(57.1%)	73	(78.5%)
b) MD, non-psychiatrist	29	(44.6%)	44	(47.3%)	41	(48.8%)	33	(35.5%)
c) Nurse Practitioner	5	(7.7%)	10	(10.8%)	10	(11.9%)	10	(10.8%)

	Under 2,500 (n = 65)		2,500-7,500 (n = 93)		7,500-15,000 (n = 84)		Over 15,000 (n = 93)	
32. Number of FTE mental health professionals which provide services to students on campus (includes all paid staff and interns at Centers and other service units on campus except for services provided by students in departmental clinics):	$\bar{x}$ =2.7 Range 1 to 8		$\bar{x}$ =4.0 Range 1.0 to 10		$\bar{x}$ =6.7 Range 3 to 20.5		$\bar{x}$ =12.2 Range 3 to 32	
Approximate ratio of mental health counselors to FTE students:	1 to 767		1 to 1428		1 to 1727		1 to 2195	
33. Career counseling takes place in the following locations:								
a) Primarily in the Counseling Center	17	(26.2%)	20	(21.5%)	29	(34.5%)	32	(34.4%)
b) Primarily in a separate career development or placement office	39	(60.0%)	60	(64.5%)	42	(50.0%)	42	(45.2%)
c) Shared equally between a. and b.	5	(7.7%)	10	(10.8%)	8	(9.5%)	15	(16.1%)
34. Number of Centers in which career counseling has been moved out of the Counseling Center:	8	(12.3%)	10	(10.8%)	15	(17.9%)	7	(7.5%)
Number of Centers in which career counseling has been moved into the Counseling Center:	3	(4.6%)	5	(5.4%)	2	(2.4%)	3	(3.2%)
35. Centers that contract with staff on how they spend their time:	5	(7.7%)	16	(17.2%)	31	(36.9%)	45	(48.4%)
36. Centers which limit the number of counseling sessions allowed a client:	16	(24.6%)	36	(38.7%)	47	(56.0%)	65	(69.9%)
37. Average number of sessions per client in the past year:	$\bar{x}$ =5.4 Range 2.5 to 10		$\bar{x}$ =4.7 Range 2.0 to 8		$\bar{x}$ =5.6 Range 1.5 to 20		$\bar{x}$ =5.0 Range 2 to 12	
38. Number of clients seen each week to be considered a full caseload for a counselor who does only counseling:	$\bar{x}$ =24.5 Range 12.5 to 32		$\bar{x}$ =25.0 Range 17 to 35		$\bar{x}$ =24.7 Range 14 to 38		$\bar{x}$ =25.4 Range 19 to 32	
39. Ave. time counselors spent on direct service during busy season:	$\bar{x}$ = 24.4 Range 7 to 35		$\bar{x}$ =25.0 Range 5 to 36		$\bar{x}$ =23.9 Range 6 to 35		$\bar{x}$ =23.3 Range 6 to 32	
Percentage of work week:	$\bar{x}$ = 69.9% Range 20 to 100		$\bar{x}$ =67% Range 40 to 100		$\bar{x}$ =62% Range .75 to 100		$\bar{x}$ = 60.0% R 25 to 95	
40. Average percentage of staff time devoted to:								
a) Personal counseling	$\bar{x}$ =70.4%		$\bar{x}$ = 64.5%		$\bar{x}$ = 63.1%		$\bar{x}$ =61.5%	
b) Career counseling	$\bar{x}$ =17.4%		$\bar{x}$ =13.2%		$\bar{x}$ =14.7%		$\bar{x}$ =17.4%	
c) Academic (student skills)	$\bar{x}$ =14.0%		$\bar{x}$ =12.6%		$\bar{x}$ =11.7%		$\bar{x}$ =12.1%	
d) Other	$\bar{x}$ =23.8%		$\bar{x}$ = 25.8%		$\bar{x}$ = 29.1%		$\bar{x}$ = 27.6%	
41. Listed in Total Section.								
42. Centers that permit counselors to use offices for after hours private practice:	17	(26.2%)	28	(30.1%)	13	(15.5%)	18	(19.4%)
43. Centers utilizing computers for the following functions:								
a) Scheduling	8	(12.3%)	12	(12.9%)	29	(34.5%)	41	(45.2%)
b) Billing	1	(1.5%)	1	(1.1%)	9	(10.7%)	13	(14.0%)
c) Maintaining client case notes	14	(21.5%)	37	(39.8%)	38	(45.2%)	22	(23.7%)
d) Program to output clinicians caseload and turnover	6	(9.2%)	10	(10.8%)	15	(17.9%)	30	(32.3%)
e) Database on services/activities	34	(52.3%)	61	(65.6%)	73	(86.9%)	72	(77.4%)
f) Electronic mail	47	(72.3%)	76	(81.7%)	78	(92.9%)	87	(93.5%)
g) On line services	30	(46.2%)	44	(47.3%)	49	(58.3%)	63	(67.7%)
44. Centers using Internet/on line services for the following:								
a) Consults	17	(26.2%)	21	(22.6%)	30	(35.7%)	27	(29.0%)
b) Downloading articles	24	(36.9%)	38	(40.9%)	41	(48.8%)	48	(51.6%)
c) Electronic support groups	11	(16.9%)	15	(16.1%)	5	(6.0%)	21	(22.6%)
d) On-line counseling	0	(0.0%)	2	(2.2%)	0	(0.0%)	4	(4.3%)
e) Counseling Center home page	17	(26.2%)	20	(21.5%)	31	(36.9%)	49	(52.7%)

	Under 2,500 (n = 65)		2,500-7,500 (n = 93)		7,500-15,000 (n = 84)		Over 15,000 (n = 93)	
45. Present concerns of Centers: (Directors checked all that applied)								
a) Waiting list problems	5	(7.7%)	18	(19.4%)	25	(29.8%)	32	(34.4%)
b) An increase in the number of students with severe psychological problems	48	(73.8%)	70	(75.3%)	65	(77.4%)	70	(75.3%)
c) An increase in sexual assault cases	12	(18.5%)	20	(21.5%)	26	(31.0%)	27	(29.0%)
d) An increase in crisis counseling	20	(30.8%)	38	(40.9%)	38	(45.2%)	50	(53.8%)
e) Pressure on the Center to do more about drug and alcohol abuse on campus	29	(44.6%)	44	(47.3%)	29	(34.5%)	21	(22.6%)
f) The need to find better referral sources for students who need long-term help	29	(44.6%)	55	(59.1%)	57	(67.9%)	68	(73.1%)
g) Referrals by outside agencies to your Center of clients needing long-term therapy	5	(7.7%)	14	(15.1%)	26	(31.0%)	31	(33.3%)
h) Responding to the needs of learning disabled students	34	(52.3%)	53	(57.0%)	41	(48.8%)	52	(55.9%)
i) A growing demand for services with no increase in resources or fewer resources	31	(47.7%)	61	(65.6%)	56	(66.7%)	63	(67.7%)
46. Due to ADA, the number of Center directors that believe:								
a) It is reasonable to provide ongoing weekly therapy for students with psychological disabilities:	9	(13.8%)	13	(14.0%)	24	(28.6%)	26	(28.0%)
b) Students with psychological disabilities should be accommodated by a case management approach:	13	(20.0%)	17	(18.3%)	6	(7.1%)	8	(8.6%)
c) Providing this accommodation is too heavy a burden on colleges and universities:	36	(55.4%)	54	(58.1%)	43	(51.2%)	45	(48.4%)
47. Centers that have a Learning Disabilities Specialist on campus:	24	(36.9%)	53	(57.0%)	54	(64.3%)	70	(75.3%)
48. Learning Disabilities Specialist reports:								
a) Counseling Center	2	(8.3%)	8	(8.6%)	11	(20.3%)	11	(15.7%)
b) Learning and Development Center	14	(58.3%)	19	(20.4%)	10	(18.5%)	8	(11.4%)
c) Disability Services Office	3	(12.5%)	11	(11.8%)	25	(46.2%)	39	(55.7%)
d) Other	5	(20.8%)	17	(18.3%)	8	(14.8%)	12	(17.1%)
49. Centers providing on call services for students:	54	(83.1%)	67	(72.0%)	65	(77.4%)	61	(65.6%)
Constituents participating in the service:								
a) Center staff	48	(73.8%)	64	(68.8%)	60	(71.4%)	55	(59.1%)
b) Center interns	2	(3.1%)	10	(10.8%)	19	(22.6%)	30	(32.3%)
c) Center practicum students	2	(3.1%)	1	(1.1%)	3	(3.6%)	1	(1.1%)
d) Other Student Affairs professionals	28	(43.1%)	15	(16.1%)	9	(10.7%)	10	(10.8%)
On call participants are connected by:								
a) Beeper	28	(43.1%)	34	(36.6%)	34	(40.5%)	30	(32.3%)
b) Rotating on-call list	18	(27.7%)	28	(30.1%)	36	(42.9%)	37	(39.8%)
50. Methods of counselor compensation for after hours work:								
a) Release time	11	(16.9%)	26	(28.0%)	28	(33.3%)	26	(28.0%)
b) Extra pay	2	(3.1%)	1	(1.1%)	2	(2.4%)	1	(1.1%)
c) Considered part of the job with no extra compensation	45	(69.2%)	50	(53.8%)	32	(38.1%)	44	(47.3%)
51. Centers involved with other campus offices or departments in a crisis intervention team:	45	(69.2%)	59	(63.4%)	56	(66.7%)	65	(69.9%)
Number of Centers where this has been a positive experience:	42	(93.3%)	56	(60.2%)	49	(87.5%)	56	(86.1%)
52. Centers shared the following types of information with crisis team members without a release:								
a) Client is or is not continuing in therapy	9	(13.8%)	13	(41.0%)	8	(9.5%)	9	(9.7%)
b) Client is responding well or not well to therapy	8	(12.3%)	8	(8.6%)	3	(3.6%)	5	(5.4%)
c) Client is or is not a suicidal risk	38	(58.5%)	45	(48.4%)	34	(40.5%)	33	(35.5%)
d) Client presents or does not present a danger to someone else	39	(60.0%)	47	(50.5%)	36	(42.9%)	39	(41.9%)
53. Centers with someone on campus assigned to coordinate services for those who have been sexually assaulted:	43	(66.2%)	42	(45.2%)	42	(50.0%)	52	(55.9%)
This responsibility has been assigned as:								
a) An add-on responsibility to someone with other duties	39	(90.6%)	42	(45.2%)	32	(76.1%)	31	(59.6%)
b) A full time responsibility for one or more persons	4	(9.3%)	35	(37.6%)	8	(19.0%)	21	(40.3%)
54. Centers with obsessive pursuit cases in the past year:	24	(36.9%)	43	(46.2%)	43	(51.2%)	57	(61.3%)
Number of obsessive pursuit cases:	30		35		78		144	
55. Number of persons killed by an obsessive pursuer in past year:	0		1		3		2	
Number of persons injured by an obsessive pursuer in past year:	0		7		4		5	

	Under 2,500 (n = 65)		2,500-7,500 (n = 93)		7,500-15,000 (n = 84)		Over 15,000 (n = 93)	
57. Centers that had to hospitalize a student for psychological reasons within the past year:	54	(83.1%)	77	(82.8%)	64	(76.2%)	84	(90.3%)
Number of students hospitalized:	143		391		319		571	
58. Directors who would notify parents against a student's wishes if the student is hospitalized for psychological reasons:								
a) Yes, but only if student is under age	15	(23.1%)	29	(31.2%)	30	(35.7%)	46	(49.5%)
b) Yes, but only if student is still being supported by parents, or requires parents' insurance coverage	17	(26.2%)	10	(10.8%)	7	(8.3%)	7	(7.5%)
c) Yes, in all cases	13	(20.0%)	13	(14.0%)	9	(10.7%)	3	(3.2%)
d) No	13	(20.0%)	32	(34.4%)	30	(35.7%)	28	(30.1%)
59. Campuses that had an enrolled <u>student</u> suicide in the 95-96 school year:	4	(6.2%)	11	(11.8%)	26	(31.0%)	52	(55.9%)
Number of <u>student</u> suicides:	7		12		36		76	
60. Centers that had a <u>client</u> suicide in the 95-96 school year:	2	(3.1%)	6	(6.5%)	11	(13.1%)	17	(18.3%)
Number of <u>client</u> suicides:	3		14		11		17	
61. & 62. Information listed in Total Summary.								
63. Centers that have had to notify a third party about a potentially suicidal student during the past year:	27	(41.5%)	44	(47.3%)	42	(50.0%)	51	(54.8%)
Number of cases:	67		141		137		135	
64. Centers that notify the following without student permission when student is a suicidal risk:								
a) Residence Life	39	(60.0%)	50	(53.8%)	35	(41.7%)	29	(31.2%)
b) Family	29	(44.6%)	39	(41.9%)	38	(45.2%)	34	(36.6%)
c) Vice President	28	(43.1%)	27	(29.0%)	14	(16.7%)	4	(4.3%)
d) Other	23	(35.4%)	29	(31.2%)	23	(27.4%)	43	(46.2%)
65. Centers that typically notify the following when a student is hospitalized:								
a) Residence Life Staff	31	(47.7%)	38	(40.9%)	19	(22.6%)	19	(20.4%)
b) Family	33	(50.8%)	41	(44.1%)	33	(39.3%)	33	(35.5%)
c) Vice President	30	(46.2%)	43	(46.2%)	25	(29.8%)	10	(10.8%)
d) Other	24	(36.9%)	30	(32.3%)	22	(26.2%)	35	(37.6%)
66. Centers that have had to give warning during the past year to a third party about a student who posed danger to another person:	4	(6.2%)	18	(19.4%)	14	(16.7%)	24	(25.8%)
Number of cases:	6		22		14		31	
67. Directors that have noted a difference in violent incidents involving students:								
a) Noticed an increase over last five years	29	(44.6%)	45	(48.4%)	41	(48.8%)	63	(67.7%)
b) Remained the same over last five years	34	(52.3%)	42	(45.2%)	36	(42.9%)	27	(29.0%)
c) Noticed decrease over last five years	1	(1.5%)	2	(2.2%)	2	(2.4%)	1	(1.1%)
68. Centers that have written statements or policies on the following:								
a) Having an emotionally disturbed student removed from the residence halls or school	30	(46.2%)	36	(38.7%)	31	(36.9%)	29	(31.2%)
b) Having a psychotic student hospitalized	27	(41.5%)	33	(35.5%)	29	(34.5%)	33	(35.5%)
c) Dealing with a potentially suicidal student	43	(66.2%)	53	(57.0%)	51	(60.7%)	54	(58.1%)
d) Dealing with a potentially violent student	28	(43.1%)	37	(39.8%)	39	(46.4%)	44	(47.3%)
e) Risks of counseling	22	(33.8%)	26	(28.0%)	22	(26.2%)	24	(25.8%)
f) Kinds of client problems appropriate to be seen at the Counseling Center	29	(44.6%)	43	(46.2%)	37	(44.0%)	47	(50.2%)
g) How to handle a sexual assault case	39	(60.0%)	45	(38.3%)	37	(44.0%)	30	(32.3%)
h) Returning a student who had left because of psychiatric problems, to classes or residence hall	33	(50.8%)	32	(34.4%)	28	(33.3%)	22	(23.7%)



	Under 2,500 (n = 65)		2,500-7,500 (n = 93)		7,500-15,000 (n = 84)		Over 15,000 (n = 93)	
69. Directors who know of students who have come to their Center in the past year because of sexual exploitation or harassment by:								
a) another therapist	3	(4.6%)	16	(17.2%)	16	(19.0%)	16	(17.2%)
b) faculty member of supervisor	34	(52.3%)	47	(50.5%)	55	(65.5%)	69	(74.2%)
c) another student	56	(86.2%)	75	(80.6%)	65	(77.4%)	80	(86.0%)
70. Centers that have thoroughly reviewed APA ethical guidelines for working with multicultural students	5	(7.7%)	6	(6.5%)	14	(16.7%)	18	(19.4%)
72. Number of Centers where staff have received training in treating diverse ethnic groups:	41	(63.1%)	36	(38.7%)	62	(73.8%)	80	(86.0%)
73. Centers that provide inservice workshops pertaining to counseling diverse ethnic groups:	9	(13.8%)	47	(50.5%)	55	(65.5%)	75	(80.6%)
74. Percentage of Center clientele who were seen for eating disorders in the past year:	$\bar{x}=6.8\%$		$\bar{x}=7.3\%$		$\bar{x}=6.4\%$		$\bar{x}=5.3\%$	
75. Centers that have seen one or more HIV positive clients within the past year:	6	(9.2%)	25	(26.9%)	32	(38.1%)	53	(57.0%)
Number of HIV clients seen in the past year:	7		44		54.5		98	
76. Directors who felt that any of these HIV positive clients posed a risk to any third party:	1	(16.6%)	6	(24.0%)	4	(12.5%)	9	(16.9%)
When clients posed a risk, directors who found it necessary to warn a third party:	0	(0.0%)	1	(1.1%)	0	(0.0%)	0	(0.0%)
77. How Directors would generally handle it if an HIV positive client states that he/she has not informed his/her partner of the health situation:								
a) Would take no action	1	(1.5%)	0	(0.0%)	0	(0.0%)	3	(3.2%)
b) Would encourage disclosure but otherwise take no action	23	(35.4%)	43	(46.2%)	54	(64.3%)	51	(54.8%)
c) Would inform client that if he/she did not inform partner, that you would be ethically bound to do so	22	(33.8%)	30	(32.3%)	19	(22.6%)	23	(24.7%)
d) Other	10	(15.4%)	16	(17.2%)	6	(7.1%)	10	(10.8%)
79. Directors feelings about mandatory reporting law regarding therapist/client sex:								
a) Opposed	27	(41.5%)	32	(34.4%)	30	(35.7%)	28	(30.1%)
b) In favor	18	(27.7%)	21	(22.6%)	21	(25.0%)	20	(21.5%)
c) Ambivalent	13	(20.0%)	33	(35.5%)	27	(32.1%)	36	(38.7%)
80. Centers that are taking the following actions to prepare for managed care: (Directors checked all that applied)								
a) Using DSM coding on all/most clients	11	(16.9%)	13	(14.0%)	18	(21.4%)	28	(30.1%)
b) No longer counting client cancellations or no-shows as part of counselor contact hours	8	(12.3%)	11	(11.8%)	11	(13.1%)	16	(17.2%)
c) Requiring written treatment plans	11	(16.9%)	20	(21.5%)	21	(25.0%)	16	(17.2%)
d) Requiring more detailed documentation of treatment progress	13	(20.0%)	28	(30.1%)	18	(30.3%)	22	(23.7%)
e) Increased emphasis/training on quality assurance and utilization review methods	10	(15.4%)	16	(17.2%)	22	(26.2%)	40	(43.0%)
f) Increased emphasis on consultation/outreach to campus community	28	(43.1%)	52	(55.9%)	50	(59.5%)	56	(60.2%)
g) Increased emphasis/training on short-term counseling	31	(47.7%)	52	(55.9%)	53	(63.1%)	54	(58.1%)
h) Lobbying government officials and/or insurance companies on inclusion of Counseling Centers as preferred providers	2	(3.1%)	4	(4.3%)	5	(6.0%)	3	(3.2%)
i) Other	4	(6.2%)	6	(6.3%)	5	(6.0%)	5	(5.4%)
81. Number of Centers offering group counseling:	48	(73.8%)	78	(83.9%)	73	(86.9%)	87	(93.5%)
82. Number of Centers where filling personal growth groups has been more difficult:	37	(56.9%)	35	(37.6%)	43	(51.2%)	41	(44.1%)
83. Considering the resources involved, Directors believe that:								
a) Groups are still more cost efficient than individual counseling:	21	(32.3%)	36	(38.7%)	39	(46.4%)	52	(55.9%)
b) They are worth doing because they are so effective:	43	(66.2%)	70	(75.3%)	72	(85.7%)	82	(88.2%)
c) They promote training opportunities for interns:	12	(18.5%)	27	(29.0%)	35	(41.7%)	39	(41.9%)

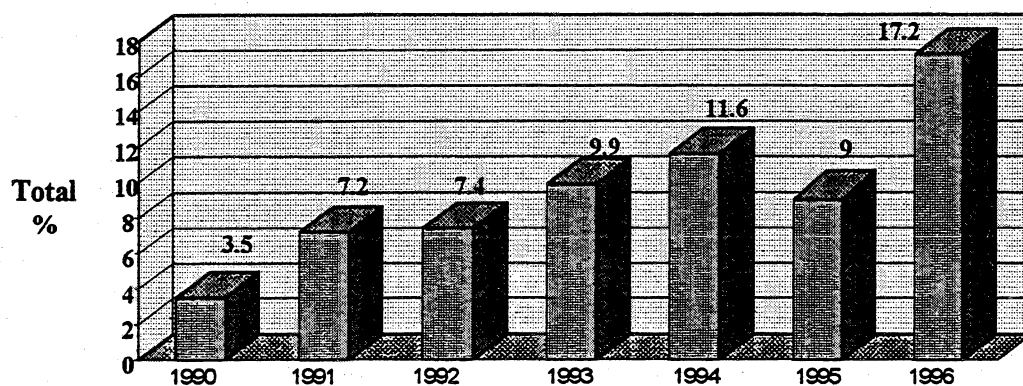
	Under 2,500 (n = 65)		2,500-7,500 (n = 93)		7,500-15,000 (n = 84)		Over 15,000 (n = 93)	
86. Highest degree held by Directors:								
a) Doctorate - Clinical Psychology	11	(16.9%)	18	(19.4%)	22	(26.2%)	26	(28.0%)
b) Masters - Clinical Psychology	1	(1.5%)	0	(0.0%)	2	(2.4%)	0	(0.0%)
c) Doctorate - Counseling Psychology	18	(27.7%)	36	(38.7%)	37	(44.0%)	36	(38.7%)
d) Masters - Counseling Psychology	1	(1.5%)	6	(6.5%)	3	(3.6%)	2	(2.2%)
e) Doctorate - Counseling/Counselor Ed./MH.	6	(9.2%)	16	(17.2%)	6	(7.1%)	17	(18.3%)
f) Masters - Counseling/Counselor Ed./M.H.	13	(20.0%)	9	(9.7%)	6	(7.1%)	2	(2.2%)
g) Doctorate - Student Personnel	3	(4.6%)	0	(0.0%)	3	(3.6%)	3	(3.2%)
h) Masters - Student Personnel	1	(1.5%)	1	(1.1%)	1	(1.2%)	1	(1.1%)
i) MSW	3	(4.6%)	3	(3.2%)	0	(0.0%)	0	(0.0%)
j) MD	2	(3.1%)	0	(0.0%)	0	(0.0%)	1	(1.1%)
k) Other	4	(6.2%)	4	(4.3%)	3	(3.6%)	5	(5.4%)
87. Number of Centers with an APA approved internship program:	3	(4.6%)	1	(1.1%)	14	(16.7%)	36	(38.7%)
88. Average number of hours per week devoted by the Training Director to the administration of the program:	$\bar{x}=1.0$		$\bar{x}=10$		$\bar{x}=11.3$		$\bar{x}=11.1$	
89. Average number of hours of total staff time per week devoted to internship training program:	$\bar{x}=7.6$		$\bar{x}=1$		$\bar{x}=36.3$		$\bar{x}=32.8$	
90. Centers that ask on an evaluation form if counseling has helped students to remain enrolled in an institution:	17	(26.2%)	37	(39.8%)	36	(42.9%)	47	(50.5%)
Percentage of students who respond to this question positively:		40.5%		52.2%		58.0%		49.0%
91. Centers that ask on evaluation forms if counseling has helped with students academic performance:	18	(27.7%)	31	(33.3%)	31	(36.9%)	49	(52.7%)
Percentage of students who respond to this question positively:		57.1%		61.2%		64.1%		57.3%
92. Directors who rated their job on a stress dimension said it is a:								
a) Relatively high stress job	22	(33.8%)	34	(36.6%)	42	(50.0%)	38	(40.9%)
b) Moderately stressful	36	(55.4%)	53	(57.0%)	37	(44.0%)	48	(51.6%)
c) Relatively low stress job	6	(9.2%)	4	(4.3%)	5	(6.0%)	6	(6.5%)
93. Directors who compared their job stress now to five years ago said it is:								
a) More stressful	29	(44.6%)	52	(55.9%)	63	(75.0%)	55	(59.1%)
b) Less stressful	7	(10.8%)	12	(12.9%)	9	(10.7%)	9	(9.7%)
c) No change	16	(24.6%)	17	(18.3%)	6	(7.1%)	19	(20.4%)
95. Number of Directors who held the following positions before becoming Counseling Center Directors.								
a) Associate Director	3	(4.6%)	10	(10.8%)	13	(15.5%)	20	(21.5%)
b) Assistant Director	3	(4.6%)	10	(10.8%)	10	(11.9%)	7	(7.5%)
c) Training Director	2	(3.1%)	3	(3.2%)	2	(2.4%)	7	(7.5%)
d) Clinical Director	1	(1.5%)	0	(0.0%)	1	(1.2%)	3	(3.2%)
e) Staff Psychologist	36	(55.4%)	43	(46.2%)	44	(52.4%)	31	(33.3%)
f) Other	16	(24.6%)	24	(25.8%)	13	(15.5%)	24	(25.8%)
96. What previous Director did after leaving Directorship:								
a) Went back to staff position	4	(6.2%)	10	(10.8%)	8	(9.5%)	14	(15.1%)
b) Moved to another directorship	8	(12.3%)	7	(7.5%)	12	(14.3%)	10	(10.8%)
c) Moved to higher administrative position	5	(7.7%)	14	(15.1%)	13	(15.5%)	7	(7.5%)
d) Moved to faculty position	9	(13.8%)	5	(5.4%)	7	(8.3%)	10	(10.8%)
e) Retired	7	(10.8%)	11	(11.8%)	12	(14.3%)	27	(29.0%)
f) Went into private practice	25	(38.5%)	40	(43.0%)	30	(35.7%)	24	(25.8%)
97. Reason last professional staff member left Center:								
a) Dismissed	5	(7.7%)	9	(9.7%)	8	(9.5%)	7	(7.5%)
b) Left for equivalent position in another Center	7	(10.8%)	6	(6.5%)	8	(9.5%)	10	(10.8%)
c) Left for promotion at another Center	7	(10.8%)	5	(5.4%)	3	(3.6%)	6	(6.5%)
d) Went into private practice	8	(12.3%)	20	(21.5%)	17	(20.2%)	18	(19.4%)
e) Took an academic position	3	(4.6%)	6	(6.5%)	9	(10.7%)	10	(10.8%)
f) Took an administrative position	3	(4.6%)	2	(2.2%)	8	(9.5%)	4	(4.3%)
g) Let the field	10	(15.4%)	6	(6.5%)	0	(0.0%)	1	(1.1%)
h) Other	15	(23.1%)	35	(37.6%)	27	(32.1%)	35	(37.6%)
98. Centers that have established career ladders in their Center:	2	(3.1%)	12	(12.9%)	8	(9.5%)	21	(22.6%)
99. Directors who report to the Student Health Service Director:	7	(10.8%)	6	(6.5%)	6	(7.1%)	17	(18.3%)

	Under 2,500 (n = 65)		2,500-7,500 (n = 93)		7,500-15,000 (n = 84)		Over 15,000 (n = 93)	
100. Centers that function as an autonomous unit within the Student Health Service:	7	(10.8%)	9	(9.7%)	8	(9.5%)	14	(15.1%)
101. Centers that have Student Health Service report to them:	5	(7.7%)	13	(14.0%)	10	(11.9%)	5	(5.4%)
102. Centers that have successfully dismissed a psychologist/counselor in the past five years due to poor performance:	4	(6.2%)	14	(15.1%)	8	(9.5%)	13	(14.0%)
Number of dismissals that led to an official grievance:	2	(3.1%)	2	(14.2%)	3	(37.5%)	3	(23.0%)
104. Centers that have been unsuccessful in attempts to dismiss a psychologist/counselor in the past five years:	1	(1.5%)	3	(3.2%)	5	(6.0%)	2	(2.2%)
105. Centers that have utilized a peer review team to evaluate the work of a staff member whose work is below standards:	2	(3.1%)	7	(7.5%)	3	(3.6%)	6	(6.5%)
106. Centers that have taken initiatives in the past year to build community within their Center and/or Student Affairs:	33	(50.8%)	47	(50.5%)	48	(57.1%)	50	(53.8%)
108. Number of directors who anticipate future changes in the way counseling services are provided:	25	(38.5%)	38	(40.9%)	51	(60.7%)	43	(46.2%)
109. Centers that accept mandated referrals from a campus administrator or Judicial Board:								
a) for assessment and counseling	33	(50.8%)	22	(23.7%)	32	(38.1%)	30	(32.3%)
b) for assessment only (no mandatory counseling)	26	(40.0%)	12	(12.9%)	34	(40.5%)	46	(49.5%)
c) we accept no mandated referrals	6	(9.2%)	9	(9.7%)	16	(19.0%)	15	(16.1%)
Centers that have noted a change in the number of mandated referrals over the past year:								
a) Increase	15	(23.1%)	22	(23.7%)	13	(15.5%)	21	(22.6%)
b) Decrease	11	(16.9%)	12	(12.9%)	9	(10.7%)	10	(10.8%)
c) No change	31	(47.7%)	46	(49.5%)	41	(48.8%)	43	(46.2%)
110. Reasons that mandated students are referred to Centers:								
a) drug and alcohol violations	48	(73.8%)	68	(73.1%)	53	(63.1%)	53	(57.0%)
b) disruptive behavior	40	(61.5%)	67	(72.0%)	57	(67.9%)	63	(67.7%)
c) sexual assault	16	(24.6%)	25	(26.9%)	22	(26.2%)	30	(32.3%)
d) severe depression	27	(41.5%)	26	(28.0%)	21	(25.0%)	26	(28.0%)
e) expression of suicidal intention	33	(50.8%)	54	(58.1%)	40	(47.6%)	44	(47.3%)
f) other	10	(15.4%)	14	(15.1%)	7	(8.3%)	9	(9.7%)
111. Directors personal feelings about mandated referrals for counseling:								
a) I'm very much in favor of providing this service	13	(20.0%)	11	(11.8%)	10	(11.9%)	10	(10.8%)
b) I'm not crazy about it, but believe that some students can be helped through the process	34	(52.3%)	63	(67.7%)	48	(57.1%)	55	(59.1%)
c) I am opposed to mandatory counseling	16	(24.6%)	18	(19.4%)	24	(28.6%)	26	(28.0%)
112. Centers that utilize the following policies regarding mandatory counseling:								
a) Student merely needs to show up to comply, once a counselor explains services student can choose to engage in counseling or not - this may, however, result in additional sanctions against the student	7	(10.8%)	27	(29.0%)	25	(29.8%)	23	(24.7%)
b) Same as (a) but no additional sanctions for not choosing to participate in counseling	16	(24.6%)	19	(20.4%)	17	(20.2%)	28	(30.1%)
c) Student must comply with certain number of counseling sessions established by judicial board and administration	8	(12.3%)	10	(10.8%)	1	(1.2%)	4	(4.3%)
d) Student must comply with certain number of counseling sessions determined by the counselor after an assessment has been made.	9	(13.8%)	14	(15.1%)	10	(11.9%)	4	(4.3%)
e) Student must continue in counseling until counselor determines enough counseling has occurred.	2	(3.1%)	4	(4.3%)	4	(4.8%)	0	(0.0%)
113. Types of information provided to mandatory for Centers that accept mandated students:								
a) Confirmation of initial visit	39	(60.0%)	54	(58.1%)	43	(51.2%)	54	(58.1%)
b) Confirmation that student has complied with recommendation for treatment	18	(27.7%)	35	(37.6%)	24	(28.6%)	22	(23.7%)
c) Statement of progress	7	(10.8%)	7	(7.5%)	6	(7.1%)	8	(8.6%)
d) No information is provided	2	(3.1%)	8	(8.6%)	5	(6.0%)	7	(7.5%)

## 114. Centers report their success with mandated referrals:

	Under 2,500 (n = 65)	2,500-7,500 (n = 93)	7,500-15,000 (n = 84)	Over 15,000 (n = 93)
a) Very successful	1 (1.5%)	2 (2.2%)	2 (2.4%)	2 (2.2%)
b) Successful	12 (18.5%)	10 (10.8%)	8 (9.5%)	11 (11.8%)
c) Moderately successful	25 (38.5%)	35 (37.6%)	31 (36.9%)	28 (30.1%)
d) Mildly successful	14 (21.5%)	26 (28.0%)	23 (27.4%)	29 (31.2%)
e) Not successful	4 (6.2%)	5 (5.4%)	2 (2.4%)	5 (5.4%)

Centers That Charge Students For Personal Counseling



## Appendix A

### Ethical Dilemma's - Question 20

#### Confidentiality/Release of Information Issues

Discussed information with Residence Life Staff without client signing a release because I felt she was in danger of harm to herself.

A student committed suicide and we struggled with how much information to divulge to parents.

Continuing issues with confidentiality policy vis a vis Student Health Service which is administratively separate from us.

Assist. VP asked us to do an evaluation on student returning to school after being dismissed 12 years ago for suicide attempt. This is now illegal under ADA.

Counselor who left institution wanted a former client's case notes in order to write a collaborative book with client. Client signed a release form to do this but I viewed it as a dual relationship with a client who had just terminated.

Whether to report sexual abuse by a former teacher.

Higher level administrator asked for information on a student involved in a disciplinary action without a release of information. When not given, the administrator expected us to create a policy change.

Duty to warn involving a faculty member.

While against our policy to do so, we were asked to respond to a question about an ex-client in order for that person to become employed.

Client complained formally about services of Center but would not authorize release of counseling session information, some of which included admission of illegal activities.

When to break confidentiality - a student with suicidal thoughts and drinking heavily does not show up for appointment and does not return our calls.

Student had HIV testing, said would kill self if positive. Dilemma involved how to intervene given confidentiality of HIV testing.

#### Couples Counseling Issues

Client at end of treatment requests counselor to support her divorce against husband. This was not a major focus of counseling work, and also we don't do this kind of work.

Request for the release of records for couples counseling with only one couple signing.

#### Dual Relationship Issues

Counselor/ombudsman dual role and case involving sexual harassment of student by a faculty member.

Conflict of interest when seeing students off campus.

Supervisor of a graduate student developed what had the appearance of a dual relationship with that assistant.

Staff member began to date practicum student.

**Email**

What to do when client Emailed suicide intent and counselor did not get to Email until 4 days later - 3 day weekend. What is liability for Email? Temporary solution: do not give out Email address to students and Email back to students that we do not conduct treatment via Email and clinical issues (involving medication, side effects, etc.) must be dealt with over phone or in person to ensure a "live professional" gets the message.

**Staff Issues**

Intern was disciplined by academic committee for academic judgment problem and excluded for a quarter. We allowed intern to continue as non-enrolled in order to provide continuity of care for client load.

Learning that past intern had practiced beyond scope of competence while on internship.

I was working with a clinician I felt was impaired and should suspend or cut back her practice, but couldn't find help in figuring out the process for encouraging such a change.

Staff member had psychotic break and returned to work after 4 and a half month sick leave. Eight months after return to work is still not "ready" to see difficult clients. Normal job description includes supervision of psychology intern. Dilemma: assign supervision responsibilities or not? How long is reasonable to wait to return to a full job? This is not a disability accommodation case.

Some faculty members have a very bad attitude about granting ADA accommodation.

Staff member failed to follow protocol for student who returned to campus after suicide attempt (at home). Student subsequently attempted a second time (on campus) within one week after first attempt.

Dealing with an intern who might not be adequately skilled to pass.

Dealing with a staff member who had significant family problems affecting her ability to come to work. Family leave was granted.

Staff psychologist wanted to "go after" a student who told untruths about her outside of the counseling relationship - and after client stopped coming. Psychologist "incensed" that her reputation was at stake.

A "Post Doc" trainee expected to have his orals in October, so we introduced him as "doctor" and he has signed his charts as "Ph.D.". However, it is May and he still has not had his orals. I plan to put a note of explanation in the front of each of his charts.

**Systems Issues**

Student hospitalized for drug overdose. College responded as soon as alerted to the problem. However, student had been using for five days straight prior to notification. Student's physician says that "someone" was negligent. Law suit may be pending.

Legal/Ethical responsibility to homeless student who has severe pathology.

Legal/ethical responsibility issues involved in dealing with student's being seen by private therapist but student uses our on-call system for emergencies.

Denial of services when student presents treatment needs beyond role/mission of our center.

Integration with Health Center - differences with medical/mental health practices and how to compromise.

Administrative pressure not to advertise services for gay/lesbian/bisexual individuals

## Appendix B

### Video Tapes used in Professional Development - Question 84

#### Drugs and Alcohol

"Marijuana in the Nineties", FMS Productions

"Eddy Talks" from BACCHUS

"Hard Facts About Drugs" and "Waking Up From Dope"

Educational Video Network, 1341 19th Street, Huntsville, TX 77340

#### Eating Disorders

"Eating Disorders on College Campuses" - provided for the National Eating Disorders Week

"Slim Hopes"

Media Education Foundation, 26 Center Street, Northhampton, MA 01060, (413) 586-4170

"The Famine Within"

#### Family/Couple Work

"The Angry Couple", Susan Hestler

Newbridge Professional Programs, P.O. Box 949, Hicksville, NY 11802

#### General Skills/Psychology

Diagnosing DSM IV

DeShazer - "Coming Through the Ceiling" - Solution-Focused Therapy

Tapes accompanying the Comer text on Abnormal Psychology

Tapes from the Erikson Foundation

"Closet Narcissistic Disorder: The Masterson Approach"

Newbridge Professional Programs, P.O. Box 949, Hicksville, NY 11802

Robert Coles - ACPA talk in Boston, 3/95

Video series from Newbridge Professional Program

Bradshaw tapes

APA tape on PR for psychologists

"ADD from A to Z" by Dr. Hollowell, M.D.

"Depression: A Cognitive Therapy Approach", Arthur Freeman

"Mixed Anxiety and Depression: A Cognitive Behavioral Approach" - D. Michenbaum

"Assessment and Treatment of Psychological Disorders"

Newbridge Professional Programs, 338 East 38th Street, New York, NY 10016

"The Compulsive Mind" (OCD)

"Depression" Films for Humanities and Sciences

"Lily" Comorbidity Depression and Anxiety, see Lily Pharmaceutical Rep.

"Brief Therapy", Budman

"Love and Work: One Woman's Study" - Menninger

"A Different Reality" - pertained to disabilities

"Panic Attacks" from NIMH

#### Group Therapy

"Understanding Group Therapy", Yalom Tapes

University of CA extension

Peg Carrol - ACA "Group Work: Leading the here and now" Provocative and illust. for intern training

#### Multiculturalism/Diversity

Sankofa - Feature film on slavery in US - very powerful, provoked good discussion

"Color of Fear"

Lee Kin Wah, Stir Fry Productions, 1222 Preservation Park Way, Oakland, CA 94162, 1-800-370-STIR

"Cold Water" - understanding cultural differences of college students

"Skin Deep" - Diversity issues

**Sexual Assault/Rape/Abuse**

"The Abused Woman", Lenore Walker (Newbridge)

"Acquaintance Rape"

"Rape Assessment Procedures"

"Sexual Assault" - Learning Corp. of America

"Playing the Game" about date rape

Healthvisions Productions

"Women and Violence"

"Trauma and Memory Parts I and II"

"False Prophets of the False Memory Foundation"

**Miscellaneous**

"No Greater Love"

"The Collector" about sexual obsession/fatal attraction

A Trans Gender Tape

UNH Health Services, Durham, NH

"Power Dead Even Rule" by Dr. Pat Heim, Cor-vision

"Dancing Outlaw"

"Violence in the Community"



### Appendix C

#### Innovative Programs (programs listed with ID numbers for networking purposes) - Question 85

##### **Academic Enhancement/Faculty Assistance**

- 038 Working with departments to develop a plan when dealing with potentially dangerous students in the classroom and their office.
- 033 Faculty/Staff Guide for Dealing with Emotionally Distressed Students
- 094 Letter to students on probation inviting them in for counseling
- 102 Stating new program for students called LEAP (Learning Enhancement Assessment Process). This is an individual and seminar process to help students locate learning problems and find solution sources.
- 110 1. Academic Success Cafe, 2. Peer Education Outreach Programs (Spring Marigold Giveaway & Field of Dreams Contest), 3. Work with sports teams
- 160 Student engagement in learning, "Take a Professor to Lunch" program
- 318 Intensive program to cope with test anxiety
- 278 Surveyed Dept. Chairpersons on the consultation needs of their faculty
- 303 1. Counseling Services Research Team - undergraduate students(18) mentored collaboratively by Psychology Professors and Counseling Director doing applied counseling research, 2. Success Seminar - co-taught by C.C. and Academic skills for students at risk academically.

##### **Career**

- 030 Career workshop for students wanting to go to graduate school. Addresses how, when, where to apply, getting information, and preparing for graduate school while in undergrad.
- 229 Resume kit - a joint venture with a private printing company which provides (donates) resume printing business cards and computer disks to UCS - proceeds from sales (\$20/kit) go to UCS career library acquisitions, and equipment maintenance.

##### **Computer Technology**

- 010 Interactive display for College Health Fair. Includes C.C. video, C.C. Jeopardy game, and a "feelings poster" prize.
- 062 A media campaign associated with advertising a series of diversity workshops
- 122 Monthly Email "newsletter" to university community
- 196 WEB site
- 247 Internet Addictions/Internet Relationships
- 291 Meeting Maker: so all counselors can schedule appointments, File Maker Pro: can access general inf. on all students to make intake more confidential

##### **Drug and Alcohol**

- 015 CHOICE - Choosing Health Options Involving Community Education: an alcohol and other drug education program.
- 099 Beating the Winter Blues, Natural Highs - student sponsored alternatives to alcohol/drug use, Marijuana Recovery Group

##### **Eating Disorders**

- 312 Campus-wide comprehensive eating disorders treatment program, drawing in depts. of psychology, nutrition, and health education, student health center, life skills coordinator and others. This program has several components; screening, individual and group therapy, nutrition consultations, health evaluations, psychoeducational workshops, body image and relaxation group, telephone support network, etc...
- 256 Body and Soul: Finding Balance with Food and Body Image.

##### **Peer Educational**

- 073 Peer counselors and freshman advisors working together.
- 087 Peer education for HIV
- 148 Peer Sex Education

- 210 Peer counseling program - upperclassmen assist freshmen students during orientation, registration, and throughout their first year of college.
- 254 M-Pact (Michigan Peers Creating Trust) a peer advising program for student athletes. Program is co-facilitated by Center and Athletics staff.

#### **Psychoeducational**

- 022 Psychoeducational classes (1 credit, P/F on 10 topics, new parenting services in conjunction with school counseling program.
- 126 Film Series - contemporary movie is shown on Sunday night in a residence hall and the film is then discussed relative to college student development issues.
- 204 Weekly live radio program on Health and Mental Health called, "Taking Care of Yourself" - guest interview format.
- 308 Development and promotional packets on key student issues, e.g., procrastination, depression, relationships, study skills

#### **Minority/Multiculturalism**

- 155 Sister Circle - support group for women minority faculty/staff
- 171 "Counseling Center Self-Guided Tour" computer program
- 177 Peer helper program for Gay, Lesbian, and Bi-sexual
- 180 Diversity Retreat for graduate students in Law, Business, Medicine, Psychology
- 200 Women of Color Group, Brother to Brother Group

#### **Sexual Assault/Abuse**

- 002 SAVAP - Sexual Assault Victims Advocate Program: a 24/7 on-call system of peers to respond to victims of sexual assault.
- 079 "Let's Talk About Sex Program", "The Great Shape Debate Program" - Body image, self-esteem, and nutrition, "Relationship Abuse Prevention Week".
- 206 Victory over violence week, Hispanic Policy Network, Minority drop-in counseling program
- 225 2 part group therapy program for resolving past abuse issues, Level I - 6 week, cognitive/psychoeducational, Level II - open ended/process oriented.

### Appendix D

#### Other Counseling Center Policy Statements - Question 68

Policy statements followed by school ID numbers for easy reference.

ADHD informed consent/screening:	297
AIDS Policy:	165, 201, 318
Abortions:	119
Auditory Counseling:	059
Behavioral Review Committee:	328
Use of Ritalin:	012
Child Abuse Reporting/ Sexual Abuse:	118, 201
Client Dissatisfaction with Therapist:	119
Client's Rights and Responsibilities:	121, 324
Crisis Management/Intervention:	014, 108, 119, 162
Confidentiality:	027, 098, 109, 119, 157, 176, 301, 306, 316, 324
Conflict of Interest:	095, 118
Couples Counseling:	145
Critical Incident Debriefing:	204
Death of a Student:	221, 260, 285
Disability Assessment:	221
Drug and Alcohol Abuse:	014, 022, 058
Dual Relationships:	030, 095, 146, 312
Eating Disorders:	103, 188, 279
Eligibility for Services:	306
Email:	044, 062
Hospitalization/Emergency:	103, 279
Impaired Trainee:	030
Informed Consent:	098, 122
International Students:	103
Internship Program:	118
Mandated Counseling/Forced Referral:	118, 221
Medication only with concurrent Tx.:	124
Missed Appointments:	027
Peer Counselor Training:	210
Psych. Emergency:	081
Psychological Evaluations:	119
Racial Harassment:	254
Recommendations and Evaluations:	118
Referrals:	306
Release of Records:	118, 161, 206, 306
Responding to Media Inquiries:	206
Sexual Assault/Harassment:	014, 037, 188, 204, 254
Students Going Abroad:	103
Supervision Notes:	201
Supervision:	312
Trainees who wish to utilize counseling:	312
Treatment of Minors:	204
Troubled Student Policy:	272
Use of Psychiatric Services:	124, 286, 303
Violent Clients:	275
Visitors in the Counseling Center:	275
Volunteer Counselors:	306

### Appendix E

#### Comments on Subpoena's - Question 16

- Student was involved in a frat hazing case
- Client sues fast food chain for ill-cooked meat and his resultant "fast food phobia"
- The client had been sexually assaulted and the ASSAILANT sued the CLIENT
- Raw data and computerized test interpretation, state's attorney general said we had to give it to him.
- Woman's complaint of rape against a police officer. Judge subpoenaed records, determined whether they would be used in court.
- Sexual harassment cases against the university.

### Appendix F

#### Examples of Obsessive Pursuit Cases - Question 56

- We counseled a female student who was followed across country. Stalker matriculated from same university, moved into same apartment complex. Stalker eventually drilled a hole in the floor to enter the apartment of our client. He was convicted. Counselor was at trial for support.
- One staff member has been harassed now for 7 years.
- Threatened to be a unabomber
- The pursuer, who was in counseling, was encouraged to write a letter and refrain from his pursuit. He wrote a 71 page letter, but ceased the pursuing.
- One of our staff (female) personnel by a former client (female)
- Jealousy/obsessive relationships are a particular issue among our Hispanic students
- One young man felt that God wanted him back with his ex-girlfriend and had student ministry prayer groups pray for this while he was stalking her.
- Kidnapping at gun point
- Student infatuation with professor ended up in court where student was mandated counseling and warned to stay away. Student did NOT understand the problem.
- Of note: 2 pursuers committed suicide.

The following pages contain directories to assist you in matching counseling centers with their identification numbers. Beginning on this page is an alphabetical listing by last name of all counseling center directors. On the following pages is a list which is organized alphabetically by institution name. Some institutions whose surveys were not included in the data analysis can be found at the end of that list.

# **ALPHABETIZED LISTING OF PARTICIPANTS - Directory number follows name.**

Aiken, Jim	031	Cook, Donelda A.	117	Grace, Marian	119
Alishio, Kip C.	130	Cooper, Stewart E.	313	Grant, Charles O.	249
Allbritten, Bill	136	Copeland, Patsy	171	Graub, Sup-Mei	055
Ament, Rosa B.	154	Corazzini, John G.	315	Grayson, Paul A.	141
Anton, William D.	287	Cotrone, Dan	124	Greer, Richard	327
Atkins, Pamlyn	200	Couden, Barbara	280	Grosz, Richard	274
Azar, James A.	165	Covington, James D.	132	Guthman, John C.	093
Backels, Steve	156	Cozzens, David S.	151	Haefner, B. Jean	296
Baker, Ted	127	Craig, Donald H.	306	Hageseth, Jon A.	304
Balderrama, Sylvia	314	Crane, Dorothy	012	Hall, Pinckney	309
Ball, Wilbert	065	Cross, David	268	Hallahan, Patricia	184
Barclay, Rosalyn	069	Curoe, Bernadine	115	Hammond, Barbara	319
Barker, Anita	018	Danchise, Roger	017	Handy, Lee C.	229
Barrett, Barbara Nelson	077	Daughhetee, Charlotte	172	Hansche, Janet H.	217
Bayne, Robert D.	185	Davidshofer, Charles O.	053	Harden, Barbara	189
Bellerive, Andre'	221	Deakin, Spencer	083	Harding, J. Michael	123
Bentley, Charles	336	Deegan-Young, Terre	052	Harman, Robert L.	234
Bertsch, Donald	045	Deneselya, Helen A.	135	Harris, Harold J. Jr.	133
Birge, Susan N.	228	DePalma, Diane M.	085	Hatton, John M.	040
Birky, Ian	110	DeSalvo, Frank	246	Hayward, Howard	112
Bishop, John B.	238	DiNuzzo, Terry	005	Heitzmann, Dennis	155
Blackburn, Lucy	046	Dixon, Russell	007	Hensley, Stephen	125
Blaisch, Ilene	148	Donn, Patsy A.	011	Hersh, Jeffrey B.	058
Bloom, Linda	074	Doran, Lindley E.	161	Hewing, Venus	021
Boer, Warren J.	042	Dore, Patricia	166	Hocking, Thomas K.	307
Boland, Myrna L.	014	Doty, Mary E.	312	Holmes, James R.	301
Bolland, Herbert R.	049	Doyle, Michael	118	Hopkins, Warren P.	281
Booth, Janis C.	134	Doyle, Ellen	142	Hotelling, Kathy	145
Bowersock, Roger B.	285	Dugan, Meg	138	Howland, John S.	335
Boyd, Vivian S.	250	Dyer, James	116	Hoyt, Arlyne E.	029
Brandel, Irvin W.	222	Easton, Robert	320	Hurley, George	272
Brian, Tom J.	297	Edgerly, John W.	273	Hutchinson, Gail	302
Brown, Steve D.	241	Ehrenworth, Jonathan	176	Hyde Perry, Fannie	210
Brown-DePass, Mary	205	Erickson, Lloyd	006	Indenbaum, Fred	015
Browning, Bobbe	033	Everhart, Deborah	269	Irvin, ValaRay J.	068
Brummels, Lin	321	Fairbanks, Mimi	082	Irvine, John S.	140
Bucell, Michael	072	Faust, Carole	162	Jacks, Richard N.	331
Burmester, Carrie	252	Filicetti, Peter	108	John, Kenneth B.	080
Byrnes, L. Anne	204	Fitzsimmons, J.	209	Johnson, Marilyn	168
Canavan, Margaret	294	Fox, Ray P.	291	Johnston, Paul J.	263
Cantey, Richard	036	Frank, Edith	139	Jolly, Patrick	034
Capes, Bob	323	Franklin, Joan E.	070	Jones, Ann	025
Caple, Richard B.	258	Fuchs, Kathleen F.	109	Jones, Linda S.	170
Carella, Joseph D.	071	Fulks, Nikki J.	247	Jones, Jean K.	257
Carney, Clarke G.	105	Fygetakis, Leah M.	024	Joy-Newman, Stephany	326
Chagnon, Jean	043	Gale, Diane	196	Kafka, Eric	188
Chandler, David	169	Gallagher, Robert P.	278	Kahn, Malcolm	253
Chirico, Bernie	126	Garni, Ken	195	Kazin, Robert	090
Christian, Carole	163	Geller, Marvin H.	158	Keelan, Jean	290
Clack, Jim	062	Gellert, Jane	175	Kemmerling, Robert G.	037
Clarey, J. William	186	Gibson, Ann E.	190	Kennedy, P.J.	303
Clark, Al	283	Gibson, Joan M.	208	King, Bradford D.	288
Closs, Cathie	027	Gleason, Paul J.	150	King, Michael M.	329
Coffman, Janet	180	Gonzales, Eloy M.	322	Kiracofe, Norman M.	328
Cogdal, Pamela	129	Gordhamer, Rolf	213	Kirts, Donald K.	107
Comer, Phillip E.	324	Gordon, Michael	100	Kissinger, R. David	020

Klukken, P. Gary	292	Oakland, Ronald G.	009	Stocks, Mark	076
Knighter, Mildred M.	016	Olona, Maggie	299	Stone, Gerald	245
Kranz, Peter L.	211	Pace, Diana	089	Stoy, Mary	183
Kreisler, Fritz	039	Pack, Glenn	013	Stremba, Bob	279
Krieger, Marian E.	010	Pakalns, Gail	203	Stricherz, Matt	286
Kryder, Sandra	044	Papalia, Anthony S.	198	Summerson, Mark	113
Lamb, Douglas	095	Parker, Lois J.	266	Terrell, Tom	179
Langevin, John R.	267	Parnes, Jane C.	332	Tess, Dan	114
LaPlante, Patricia	091	Paull, Robert M.	032	Thelen, Celestine (Sally)	047
LaRossa, Virginia	167	Perkins, Robert J.	004	Thomas, Susan	202
Larsen, Patricia	239	Perry, Jonathan C.	227	Thomas, Barbara	284
Lauffenburger, Linda	337	Peterson, Marvin	181	Thrasher, Sharron M.	056
Lavin III, Thomas J.	160	Phillips, William	028	Timman, Richard	030
Letchworth, George E.	338	Phillips, Paula	081	Tooley, Lois	178
Lewis, Joanne M.	236	Piper, Terry	265	Torresdal, Pam	120
Locher, Linda L.	099	Piscitelli, Beverly V.	073	Tracy, Davis C.	060
Loers, Deborah L.	334	Platt, Christine	146	Treppa, Jerry A.	067
Lucas, Sue W.	242	Pollard, Norman J.	002	Turner, Andrew L.	311
Lyons, Steve	051	Pollard, Jeff	059	Wagner-Adams, Carol A.	270
Mack, Judith	231	Portnoy, Robert N.	264	Walker, Jeanne M.	048
Maierk, (John) Paul	096	Price, Neal I.	194	Warren, Brian E.	316
Mallisham, Ivy J.	054	Price, Randall	137	Waters, Catherine C.	174
Margulies-Ellias, Marie	079	Pruett, Harold	219	Webb, Richard E.	092
Marsh, Kenneth	226	Ramirez, M. Gloria	295	Weber, Bobbi	224
Martin, Glen R.	143	Ramirez, David	207	Weigel, Richard G.	298
Martinez, Alejandro M.	192	Resnick, Jaquelyn Liss	240	West, Don	318
Matthews, David P.	086	Rhoden, Joyce V.	218	Williams, John L.	300
McCaffrey, Elizabeth	159	Richardson, Betty J.	330	Wlazelek, Brian	106
McGinness, Susan	078	Ritchie, John	325	Wolf-Lockett, Adrienne	199
McGrath, Bob	305	Roberts, Ralph	084	Wood, Elizabeth	147
McGuinness, Thomas P.	023	Robinson, Debra	260	Wright, Judith	193
McKee, Claudine	019	Rockett, Jeri	289	Zimmerman, Tamera	103
McKenzie, Barbara	225	Rosen, Don	214		
McLeod, Mary Ann	050	Rosenzweig, Marianne	223		
McLeod, Mark	075	Roy, Michel	220		
McMurray, David	035	Russel, Vern	008		
McNeely, Judith A.	310	Ryland, Betsy	149		
Meuler, Michael	248	Sanders, Bud	066		
Meyer, Roger J.	308	Sanderson, Rebecca A.	153		
Meyers, Howard	293	Scanlon, Catherine	104		
Mikinski, Tamara Coder	164	Schank, Janet A.	121		
Miller, Jeanne C.	276	Schemmel, Dennis R.	259		
Mills, John A. "Jay"	097	Schubert, Marianne	317		
Mitchell, Barbara S.	271	Schwartz, Allan J.	282		
Mond, Michael	101	Scott, Jack C.	212		
Moore, Deborah J.	001	Scott-Lowe, Emily	157		
Morishige, Howard H.	173	Seals, Tom	244		
Morocco, Paul E.	201	Sease, Darcy	235		
Morris, Katherine L.	255	Sena, Esteban	230		
Morris, Edward	277	Settle, Karen	182		
Morris, Wayne	197	Shapiro, Terry	094		
Morris, Jim	243	Shaw, Darlene L.	128		
Mueller, Steven D.	237	Sheridan, Nancy J.	003		
Murphy, Patrick M.	152	Sheridan, Maureen	088		
Nance, Don	333	Simono, R.B. "Sam"	262		
Nelson, John E.	063	Sloan, A. Delories	254		
Ness, M. Ernest	233	Slovin, Jonathan H.	216		
Nettles, Reginald	251	Snodgrass, Gregory	206		
Nevels, Lourene	187	Sorenson, David M.	026		
Newton, Fred B.	102	Spano, David	098		
Nicholson, Jim	022	Spivack, James D.	215		
Norman, Phil	064	Steel, Catherine M.	232		
O'Hare, Marianne M.	061	Steinberg, Rhona	177		
O'Neill, Steve	191	Stiglitz, Eloise	087		

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- 007 Arkansas State University  
Dixon, Russell  
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Fax: 501-972-3898
- 008 Auburn University  
Russell, Vern  
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- 009 Austin Peay State University  
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- 015 Belleville Area College  
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- 016 Benedict College  
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- 017 Bentley College  
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- 019 Bethune-Cookman College  
McKee, Claudine  
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- 020 Binghamton University  
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- 021 Bloomsburg University  
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- 022 Boise State University  
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- 047 Central Washington University  
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- 048 Chapman University  
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- 049 Clarion University of PA  
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- 050 College of St. Catherine  
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- 051 College of St. Scholastica  
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1200 Kenwood Avenue  
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